



Board of Architects Review Application

Phone: 305.460.5238

Email: boardofarchitects@coralgables.com

Application Request

The undersigned Agent/Owner request(s) Board of Architects review of the following application(s):
(Choose one (1) from Section #1 and choose all applicable from Section #2)

1. ☐ New Building OR ☒ Alterations / Additions
2. ☐ Preliminary Approval
☐ Coral Gables Mediterranean Style Design Standards Bonus Approval
☐ Final Approval

Property Information

Street Address of the Subject Property: 3615 Toledo Street, Coral Gables FL 33134

Property/Project Name: Toledo Residence

Legal description: Lot(s) 31 & 32

Block(s) BLK 41 Section(s) Coral Gables Country Club sec 3

Folio No. 03-4118-005-1050

Owner(s): Gabriel Bustamante & Megan Bustamante

Mailing Address: 3615 Toledo Street, Coral Gables FL 33134

Telephone: (305)609-8948 Fax

Other Email gabriel.j.bustamante@gmail.com

Architect(s)/Engineer(s): Portuondo Perotti Architects

Architect(s)/Engineer(s) Mailing Address: 5717 sw 8street 2nd floor

Telephone: Business (305) 260-9331 Fax

Other Email carmen@portuondo-perotti.com

Project Information

Project Description(s): Interior remodeling . Adding a master bedroom, closet & master bathroom at main level. Adding a guest bedroom & creative space at second story above family room and master bedroom. A total of 5,125 sq.ft (ac & non-ac)

Estimated project cost*: 500,000

(*Estimated cost shall be +/- 10% of actual cost)

Date(s) of Previous Submittal(s) and Action(s): BOA 4/6/2021



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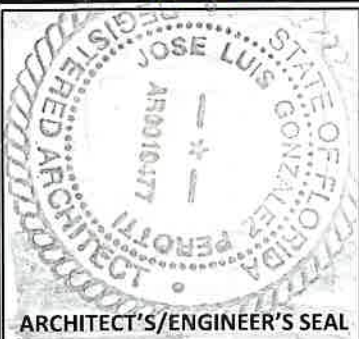
Applicant/Owner/Architect/Engineer Affirmation and Consent

(I) (We) acknowledge, affirm, and certify to all of the following:

1. This request, application, application supporting materials and all future supporting materials complies with all provisions and regulations of the Zoning Code, Comprehensive Plan and Code of Ordinances of the City of Coral Gables unless identified and approved as a part of this application request or other previously approved applications. Applicant understands that any violation of these provisions renders the application invalid.
2. That all the information contained in this application and all documentation submitted herewith is true to the best of (my) (our) knowledge and belief.
3. Understand that the application, all attachments and fees become a part of the official records of the City of Coral Gables and are not returnable.
4. All application representatives have registered with and completed lobbyist forms for the City of Coral Gables City Clerk's office.
5. Understand that under Florida Law, all the information submitted as part of the application are public records.
6. Failure to provide the information required for submittal/necessary for review by the Board of Architects may cause the application to be deferred without review.
7. That applications for the Board of Architects review require the presence of the applicant and/or architect/engineer at the Board of Architects meeting unless otherwise notified.
8. That plans submitted to this office are required to be picked up at the Board of Architects counter, by the Applicant, within fourteen (14) days after the Board of Architects meeting unless the plans have received Final Approval by the Board of Architects in which case, they will automatically be processed for a building permit. Plans which are not picked up within fourteen (14) days will be discarded.
9. All fees shall be paid by 12-midnight, three (3) days prior to the meeting date (ie. Monday before a Thursday meeting) to secure placement on the meeting's docket (agenda)
10. I have received consent from the owner of the property to file this application.

NOTE: ONLY ONE SIGNATURE OR AFFIRMATION/CONSENT IS REQUIRED

Agent/Owner/Contractor Print Name: Gabriel Bustamante		Agent/Owner/Contractor Signature: 	
Address: 3615 Toledo St. Coral Gables			
Telephone: (305) 609-8948		Fax: _____	
Email: gabriel.j.bustamante@gmail.com		Email: gabriel.j.bustamante@gmail.com	
Architect(s)/Engineer(s) Print Name: Jose Luis Gonzales -Perotti		Architect(s)/Engineer(s) Signature: 	
Address: 5717 SW 8ST ,Miami FL 33144			
Telephone: (305)260-9331		Fax: _____	
Email: carmen@portuondo-perotti.com		Email: carmen@portuondo-perotti.com	



NOTARIZATION

STATE OF FLORIDA)

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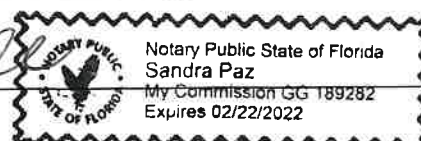
COUNTY OF MIAMI-DADE)

Sworn to or affirm and subscribed before me this 12 day of July, in the year 20 21

by Jose L. Gonzalez-Perotti who has taken an oath and is personally known to me or has produced _____ as identification.

My Commission Expires: 02/22/2022

Notary Public



PORTUONDO

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P E R O T T I

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A R C H I T E C T S

July 13, 2021

Coral Gables Board of Architects
405 Biltmore Way
Coral Gables Fl. 33134

Re: ARCHITECTURAL DESIGN STATEMENT

3615 Toledo Street
CORAL GABLES, FL 33134

Dear Board of Architects:

This existing One-Story Style Single Family residence is being remodeled to satisfy the owners program. We are adding a master bedroom a master bathroom & master closet. We are expanding the kitchen and a family room. Also creating a second story above the family room, for a guest bedroom, and a creative space above the master bedroom.

Sincerely,



Jose Luis Gonzalez Perotti, AIA.
AAC001407

Portuondo Perotti Architects, Inc.