CERTIFICATE OF APPROPRIATENESS A P P L I C A T I O N CITY OF CORAL GABLES - HISTORICAL RESOURCES AND CULTURAL ARTS DEPARTMENT

| | | 1409 ALHAMBRA CIRCLE District Name (if any) |
|----------|-----------|---|
| 1. | В | wilding Address Historic name of building (if any) |
| | | LOT 6 + N/12 LOTT 16 CORAL GABLES 32CE. |
| | ī | egal Description: Lot(s) Block(s) Section |
| | | CHRISTINA GAUTIER 1409 ACHAMERA 33134 Phone No. |
| | mred)e | Owner's Name Street Address Zip Code |
| lved | mrea, c | |
| | - | Applicant's Name Street Address Zip Code Phone/Fax |
| (Req | uired) e | e-mail: |
| | | CATIVM GIBB 363 ALCAZAR AVE 33134 305 807 2352 |
| (Rec | uired) | Contractor Arch Enginees's Name Street Address Zip Code |
| | | Callung 166 architect Egmall. Com |
| 2. | | PLEASE INDICATE THE CATEGORY WHICH DESCRIBES THE PROPOSED WORK: |
| | | Minor Alterations New Construction Addition Rehabilitation |
| 4 | | Demolition Other: |
| 3. | | Will the work proposed require a variance from the Zoning Code? |
| | | NO YES, from section(s) SEC 7-101-4 Attach the requested variance language to this form |
| | | |
| 4. | | Has this property been qualified as a Coral Gables Cottage? NO YES (attach a copy of qualification sheet) |
| 5. | | This request is: new result of a violation a revision to a previous submittal a revision to a previously approved COA Case File: |
| 6. | | WORK PROPOSED: Brief narrative of work to be performed. |
| | | NEW ADDITION TO THE BANK REAR OF THE HOUSE, NEW POOL PLUS THE |
| | | REDUCTION of 2 AC UNITS INTO THE REAR SETBACK. |
| 7. | | Variance requests require a processing fee. Payment must be included with the application. Please make check payable to the City of Coral Gables. Applications for ad valorem tax relief must be filed on a separate application form prior to construction. |
| 8. | اد | The following supplementary information (where applicable) shall be provided:* |
| | ONLY | Site Plan (with dimensions) Floor Plan(s) (with dimensions) Elevations(s) (with dimensions) Mailing list & 3 sets of labels Before/After Before/After VARIANCES/DEMOLITIONS |
| | SE | Debotos Survey/System of volumer) Color/Material Sample Letter of Intent Reduced Plans 11x17 |
| | FFU | Labeled Board review (1 Orig + 16 copies) Board review (16 swatches) Labeled Board review (1 Orig + 16 copies) Board review (16 swatches) Non-Board review (1 copy) Non-Board review (1 set) Non-Board review (1 copy) Non-Board review (1 set) |
| | STAFF USE | Copy of Board of Architects |
| | | Comments/Recommendations copies of submittal items violations only on CD/USB Application will not be scheduled for a hearing unless received in completed form by the established due date (subject to staff review). |
| | | Applications will be accepted only when a completed application form is submitted together with the necessary supplemental materials. |
| | | All drawings & supporting information must be collated into the correct number of packets and clearly labeled. |
| | | • Applicant or his/her representative MUST attend hearing and present his/her proposal to the Board. |
| | | Board of Architects recommendation <u>MUST</u> be obtained prior to the submission of any Certificate of Appropriateness application. |
| | | • The Historic Preservation Board will act on completed applications only. Decisions made by the Board may be appealed to the City Commission no later than 10 days after the ruling is made. If there is no appeal or Commission action, the Historic Preservation Board |
| | | decision shall be final. |
| 9. | | I, Other Stanter, as Owner of Lot(s) |
| | | (Print Owner's Name) Block(s) Section do hereby authorize the |
| | | Block(s) do hereby authorize the |
| | | filing of this application. (Owner's Signature) (Date) |
| | | My signature affirms and certifies that I/we understand and will comply with the provisions and regulations of the City of Coral Gables Historic Preservation Ordinance as amended from time to time. It further certifies that any statements made in the application, documents attached to the |
| | | application, and plans submitted herewith are true to the best of mylour knowledge and better. I've understand that the application, attachments and fees become any of the Official Records of the Historical Resources and Cultural Arts Department and are not returnable. The above signed |
| | | consents to inspection and photographing of the subject property by the Historic Preservation staff for purposes of consideration of this application |
| | | that the City may erect signs on the subject property, which state the proposed action and the date of the Historic Preservation Board meeting. |
| S | × | CITY OF CORAL GABLES HISTORICAL RESOURCES & CULTURAL ARTS DEPARTMENT |
| STAFFUSE | ONLY | 2327 SALZEDO STREET, 2 ND FLOOR CORAL GABLES, FLORIDA 3333 |
| Y | | Phone: (305) 460-5093 Fax: (305) 460-5097 POTENTIAL HPB MEETING: POTENTIAL HPB MEETING: POTENTIAL HPB MEETING: |
| U | | |

* A drawing set must include a site plan, floor plan(s), and elevations of all facades with sufficient dimensions to conduct a preliminary Zoning Analysis. The purpose of the preliminary Zoning Analysis is to identify possible variances and is not intended to replace any review required as part of the permitting process. The drawings must illustrate the existing conditions and the proposed changes separately. Contextual drawings or photographs of the neighboring properties must also be included. The Department staff may request additional drawings and documents as needed. Requests for Special Certificates of Appropriateness for demolition and/or that require variance(s) must include a certified mailing list. a map, and three sets of mailing labels (1000-foot radius) and the required fee. It is the responsibility of the applicant to provide sufficient illustrations to convey the intended scope of work.

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