HISTORIC PRESERVATION AD-VALOREM TAX EXEMPTION

PART 2 – REQUEST FOR REVIEW OF COMPLETED WORK

INSTRUCTIONS:

Upon completion of the restoration, rehabilitation, or renovation, return this form ***with photographs of the completed work (both exterior and interior views of the building)*** to the City of Coral Gables Historical Resources Department.

Each photograph must be clearly labeled, and they should be the same views as the before photographs that were included in the Preconstruction Application.

If there are conditions included as part of the Final Recommendation from the local Historic Preservation Officer, the application will not be considered complete until all conditions have been met and acknowledged by the local Historic Preservation Officer.

I. Property identification and location:

Property Name: 4125 Santa Maria Street, Coral Gables, FL 33146 (Coulton Skinner)

Folio Number: 03-4119-001-4310

Street Address: 4125 Santa Maria Street, Coral Gables, FL 33146

II. Data on restoration, rehabilitation or renovation project:

Project start date: February 2019

Project completion date: August 2022

Cost of entire project: $6,100,000.00

Estimated costs attributed
to work on historic buildings: _____

Name of architect: Rafael Portuondo Phone: (305) 260-9331

Name of Contractor: Isidro Jauregui Phone: (305) 793-0894

Owner attestation: I hereby apply for the historic preservation property tax exemption for the restoration, rehabilitation or renovation work described above and in the Preconstruction Application for this project which received approval on 03/19/2019.

I hereby attest that the information provided is, to the best of my knowledge, correct, and that in my opinion the completed project conforms to the Secretary of Interior's Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings and is consistent with the work described in the Preconstruction Application. I also attest that I am the owner of the property described above or, if the property is not owned by an individual, that I am the duly authorized representative of the owner. Further, by submission of this application, I agree to allow access to the property by representatives of the City of Coral Gables Historical Resources Department, the County Historic Preservation Office, and the Office of the Property Appraiser, for the purpose of verification of information provided in this application. I understand that, if the requested exemption is granted, I will be required to enter into a Covenant with the City of Coral Gables and Miami-Dade County granting the exemption in which I must agree to maintain the character of the property and the qualifying improvements for the term of the exemption. I also understand that falsification of factual representations in this application is subject to criminal sanctions pursuant to the Laws of Florida.

Claudio R. Alvarez _____ _____ _____

Print Name Signature Date

Complete the following, if signing for an organization.

_____ _____ _____

Print Name Title Signature

Name of Organization _____

Taxpayer Identification Number _____

Mailing Address _____

City _____ State_____ Zip Code_____

Daytime Telephone Number _____

Multiple owners must provide the same information as above. Use additional sheets if necessary.

[Please attach the photographic documentation here, use additional pages if necessary. Provide a copy of all photographs on CD, if possible.]