

**CERTIFICATE OF APPROPRIATENESS
APPLICATION**
CITY OF CORAL GABLES · HISTORICAL RESOURCES AND CULTURAL ARTS DEPARTMENT

1. **2701 INDIAN MOUND TRAIL CORAL GABLES, FL**

Building Address	Historic name of building (if any)	District Name (if any)
6, 6A & 7		
Legal Description: Lot(s)	Block(s)	Section
THE MOST REVEREND THOMAS G WENSKIE, THE ARCHDIOCESE OF MIAMI	9401 BISCAYNE BLVD MIAMI SHORES 33136	305-762-1033
Owner's Name	Street Address	Zip Code
(Required) c-mail: DPRADA@THEADOM.ORG		
ST THERESA CATHOLIC PARISH IN CORAL GABLES INC.	2701 INDIAN MOUND TRAIL CORAL GABLES, FL 33134	305-762-1033
Applicant's Name	Street Address	Zip Code
(Required) c-mail: DPRADA@THEADOM.ORG		
ZYSCOVICH PLANNING ARCHITECTURE & INTERIOR DESIGN 100 BISCAYNE BLVD, 27TH FLOOR MIAMI FL 33132		305-372-5222
Contractor/Arch./Engineer's Name	Street Address	Zip Code
(Required) c-mail: MICHAEL@ZYSCOVICH.COM		

2. PLEASE INDICATE THE CATEGORY WHICH DESCRIBES THE PROPOSED WORK:

<input type="checkbox"/> Minor Alterations	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Rehabilitation
<input type="checkbox"/> Demolition	<input type="checkbox"/> Other:		

3. Will the work proposed require a variance from the Zoning Code?
 NO YES, from section(s) _____
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: _____ Case File: _____

6. WORK PROPOSED: Brief narrative of work to be performed.
CONSTRUCTION OF A NEW 18,841 SF MULTI-PURPOSE BUILDING

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. **STAFF USE ONLY** The following supplementary information (where applicable) shall be provided:*

<input type="checkbox"/> Site Plan (with dimensions) Before/After	<input type="checkbox"/> Floor Plan(s) (with dimensions) Before/After	<input type="checkbox"/> Elevations(s) (with dimensions) Before/After	<input type="checkbox"/> Mailing list & 3 sets of labels VARIANCES/DEMOLITIONS
<input type="checkbox"/> Photos Labeled 2 per page	<input type="checkbox"/> Survey (5 yrs or younger)	<input type="checkbox"/> Color/Material Sample	<input type="checkbox"/> Letter of Intent
<input type="checkbox"/> Copy of Board of Architects Comments/Recommendations	<input type="checkbox"/> Fee variance or violations only	<input type="checkbox"/> Other	<input type="checkbox"/> Reduced Plans 11x17

- 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.
- Applicant or his/her representative **MUST** attend hearing and present his/her proposal to the Board.
- Board of Architects recommendation **MUST** 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, THE MOST REVEREND THOMAS G WENSKIE, THE ARCHDIOCESE OF MIAMI, as Owner of Lot(s) 6, 6A & 7
 (Print Owner's Name)
 Block(s) _____, Section D do hereby authorize the
 filing of this application. [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 my/our knowledge and belief. Further, I/we understand that the application, attachments and fees become part 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 and/or presentation to the Historic Preservation Board. Applicants seeking approval of alterations, demolitions and/or new construction acknowledge that the City may erect signs on the subject property, which state the proposed action and the date of the Historic Preservation Board meeting.

STAFF USE ONLY

	DATE RECEIVED: _____	CITY OF CORAL GABLES HISTORICAL RESOURCES & CULTURAL ARTS DEPARTMENT 2327 SALZEDO STREET, 2 ND FLOOR CORAL GABLES, FLORIDA 33134 Phone: (305) 460-3093 Fax: (305) 460-5097 c-mail: HIST@coralgables.com
	CASE FILE: _____	
	POTENTIAL HPB MEETING: _____	

* 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.