

# **Board of Architects Review Application**

Phone: 305.460.5238 Email: boardofarchitects@coralgables.com

## **Application Request**

	1.		New Building	OR		Alterations / Additions	
	2.		Preliminary Approva	al			
				erranean Styl	le Design	Standards Bonus Approval	
		Ц	Final Approval				
Property	Inform	nat	ion				
Street Address	of the Sub	ject I	Property:				
Property/Projec	ct Name:						
3lock(s)				Section(s)			
Folio No							
Owner(s):							
Mailing Address	s:						
Telephone:					Fax _		
	Other				Ema	il@	
	_						
Architect(s)/Eng	gineer(s):						
Architect(s)/Eng	gineer(s) I	Mailir	ng Address:				
Telephone:							
гетернопе.							
	Other _				Ema	il@	
Project I	nform	atio	n				
Project Descript	tion(s):						
			0% of actual cost)				



### **Board of Architects Review Application**

#### 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 Na	ame:	Agent/Owner/Contractor Signature:								
Address:										
Telephone:	Fax:		Email:							
	Architect(s)/Engineer(s)	Print Name:	Architect(s)/Engineer(s) Signature:							
	Address:									
	Telephone:		Fax:							
ARCHITECT'S/ENGINEER'S SEAL	Email:									
NOTARIZATION										
STATE OF FLORIDA ) ss COUNTY OF MIAMI-DADE ) Sworn to or affirm and subscribed before me this day of, in the year 20										
by		w	who has taken an oath and is personally known to							
me or has produced			as identification.							
My Commission Expires:										
Notary F	Public									



May 10, 2021

City of Coral Gables

**Board of Architects** 

427 Biltmore Way

Coral Gables, FL 33134

**RE: RESIDENCE AT 220 EDGEWATER DRIVE** 

To Whom It May Concern:

Please let this letter serve as our certification that this building is an original design. It is not a duplicate of an existing building.

The architectural design style is Florida Vernacular.

Sincerely,

Jennifer Salman, A.I.A.

Partner