## 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.

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. Property identification and location:
Property Name: 1203 ASTUCIA AVE
Folio Number: 03-41-07-016-0720
Street Address: 1203 ASTURIA Ave., Coral Gables
II. Data on restoration, rehabilitation or renovation project:
Project start date: 5/10/13
Project completion date: 7/10/15
Cost of entire project: 825,000
Estimated costs attributed to work on historic buildings: 725,000
Name of architect: Callum Gibb Phone: 305. 807-2352
Name of Contractor: GG Building Corp Phone: 305.793-0592
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
Page <b>14</b> of <b>16</b>

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.

Greg Goldstein Print Name	Signature	2/12/1 <b>5</b> Date	
Complete the following, if signi	ng for an organization.		
Print Name	Title	Signature	
Name of Organization			
Taxpayer Identification Number	er		
Mailing Address			
City	State	Zip Code	
Daytime Telephone Number _	v		

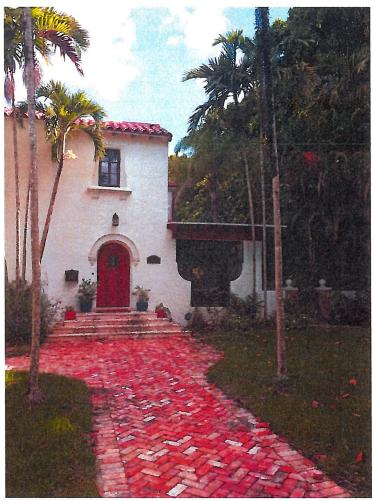
Multiple owners must provide the same information as above. Use additional sheets if necessary.

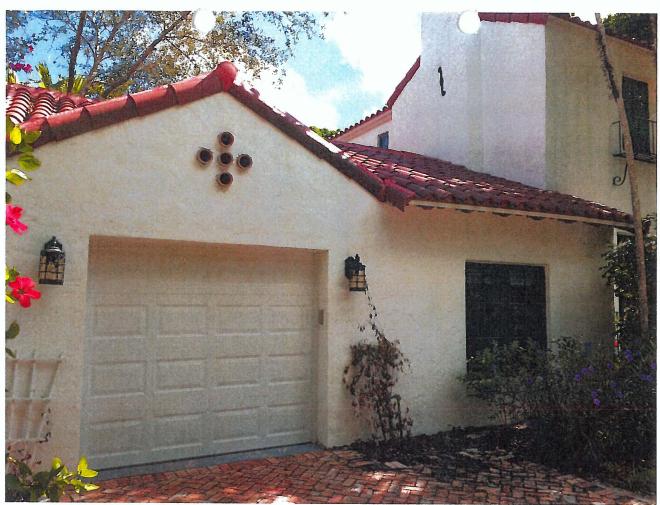
[Please attach the photographic documentation here, use additional pages if necessary. Provide a copy of all photographs on CD, if possible.]

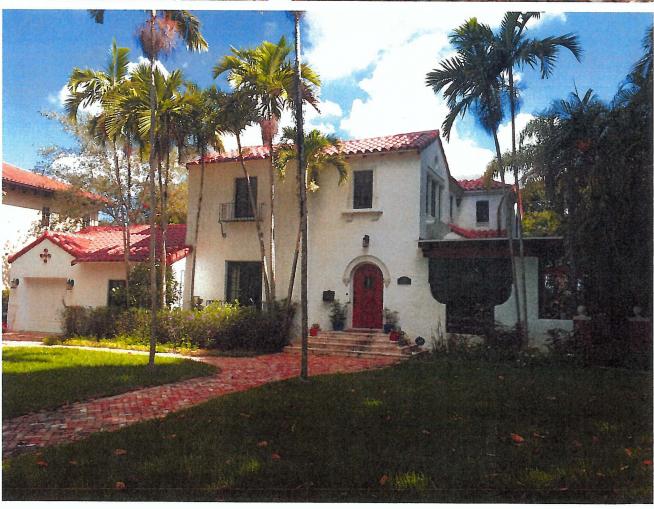
## REVIEW OF COMPLETED WORK TO BE FILLED OUT BY THE LOCAL HISTORIC PRESERVATION OFFICER

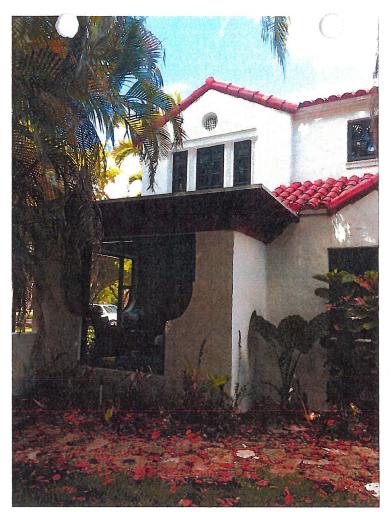
1707 1-1 6 1
Street Address of property 1203 Asturia Ave
Folio number 03 410 7 0160 720
The local Historic Preservation Officer has reviewed Part 2 (Request for Review of Completed Work) of the Historic Preservation Property Tax Exemption Application for the above named property and hereby:
[ ] Determines that improvements to the above referenced property <u>are consistent</u> with the Secretary of Interior Standard's for Rehabilitation and Guidelines for Rehabilitating Historic Buildings and the criteria set forth in Chapter 1A-38, F.A.C., and therefore <u>recommends approval</u> of the requested historic preservation tax exemption.
[ ] Determines that improvements to the above referenced property <u>are not consistent</u> with the Secretary of Interior Standard's for Rehabilitation and Guidelines for Rehabilitating Historic Buildings and the criteria set forth in Chapter 1A-38, F.A.C., and therefore <u>recommends denial</u> of the requested historic preservation tax exemption for the reasons stated in the Review Comments below.
Please list any Review Comments here:
Additional Review Comments attached? Yes [ ] No [ ]
Signature: Dona M. Salui
Typed or printed name: Dona K. Spain
Title: Historic Preseration officer
Date of Review:

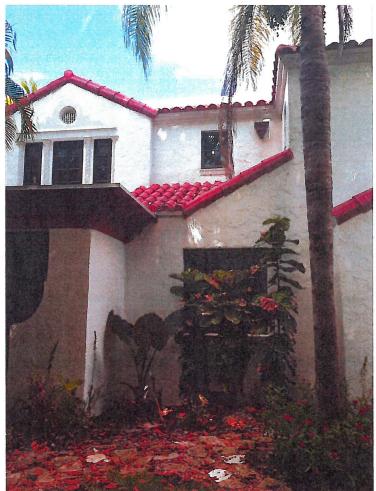














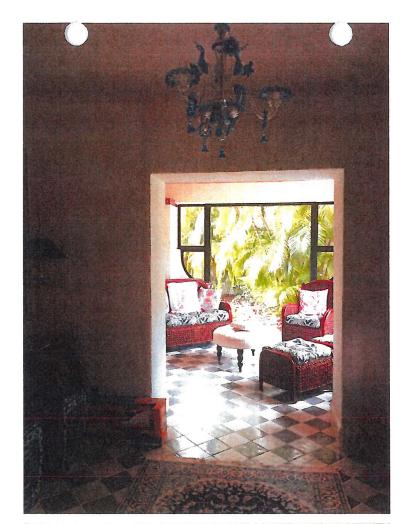








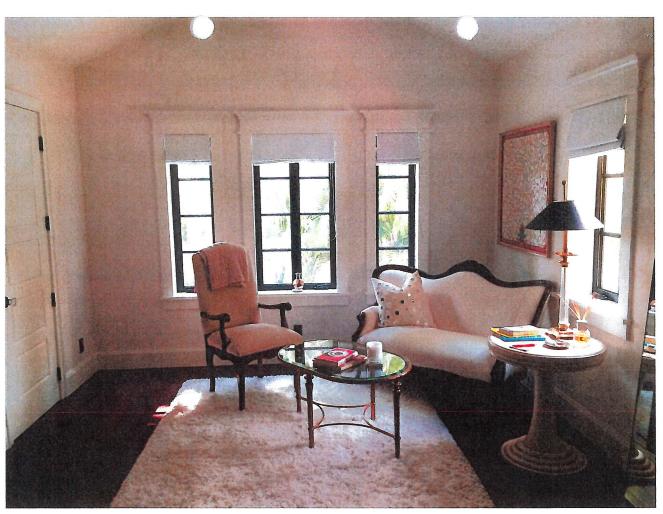


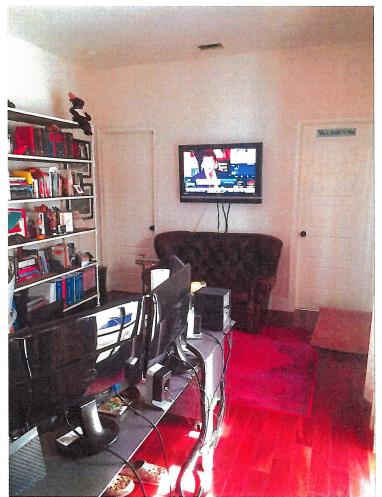


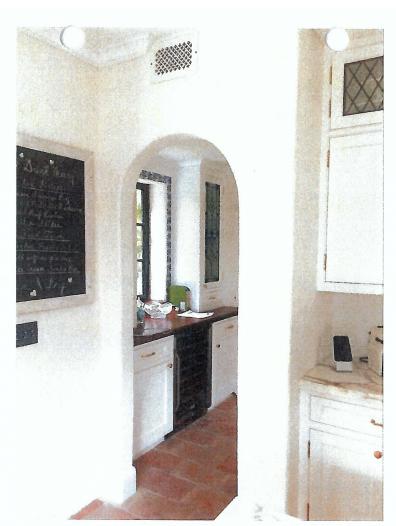


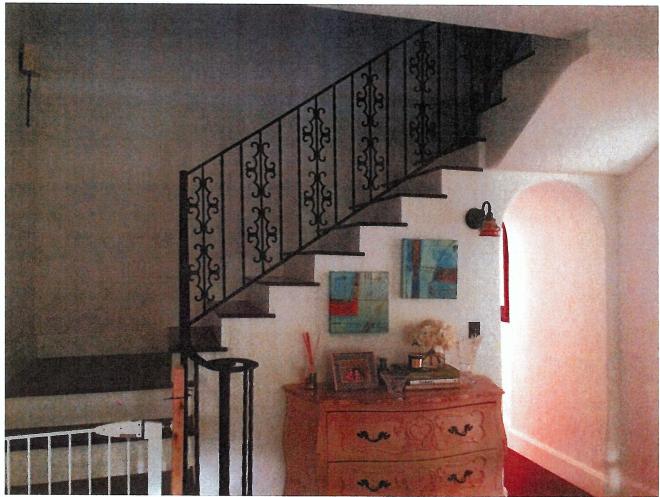










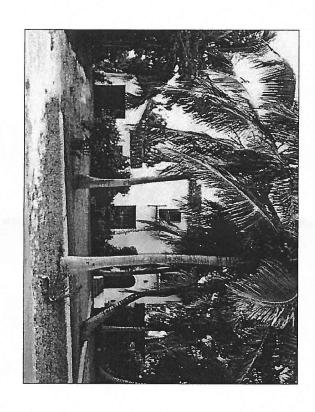






THE

GOLDSTEIN RESIDENCE
1203 ASTURIA AVENUE
ADDITION

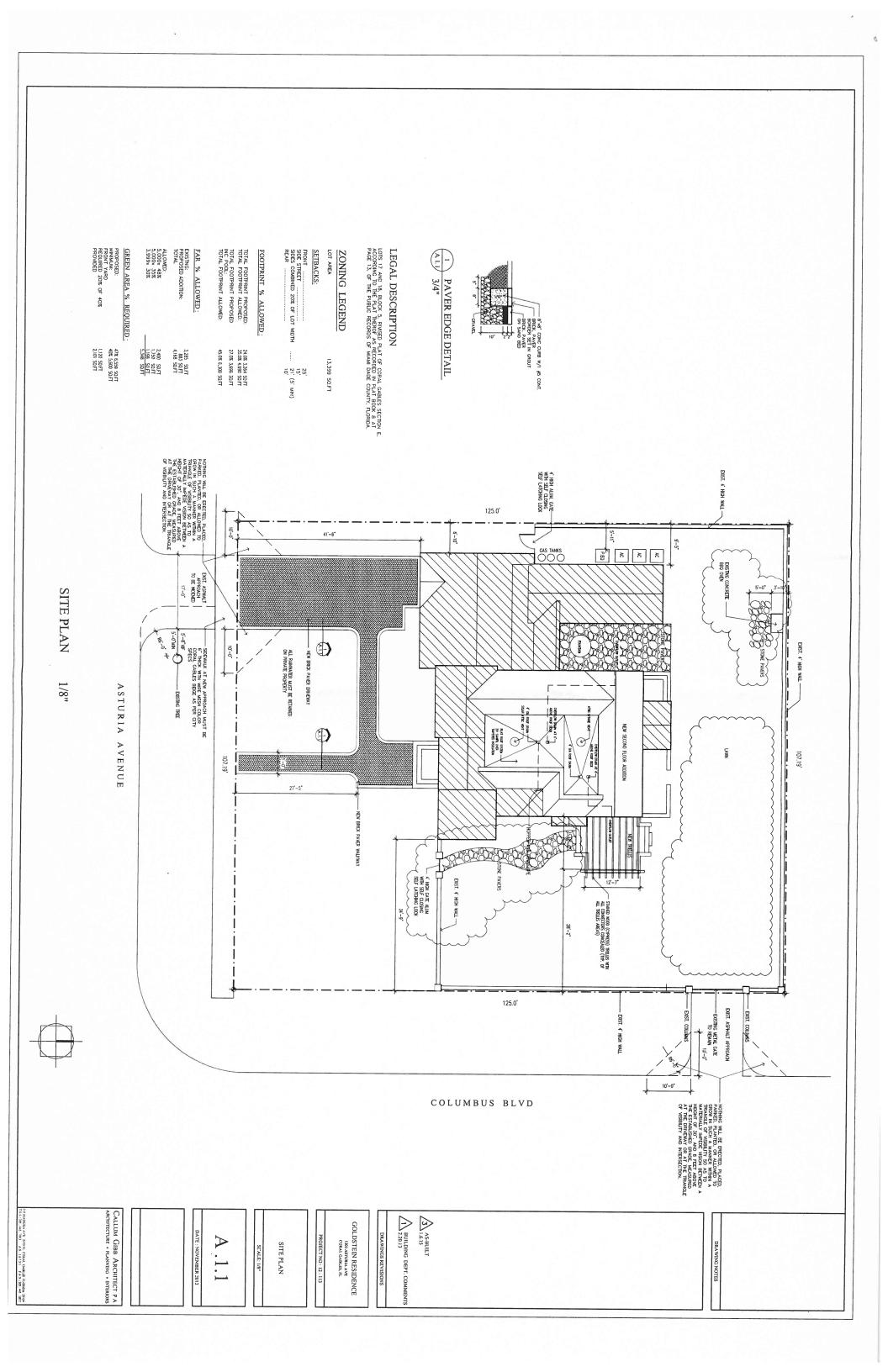


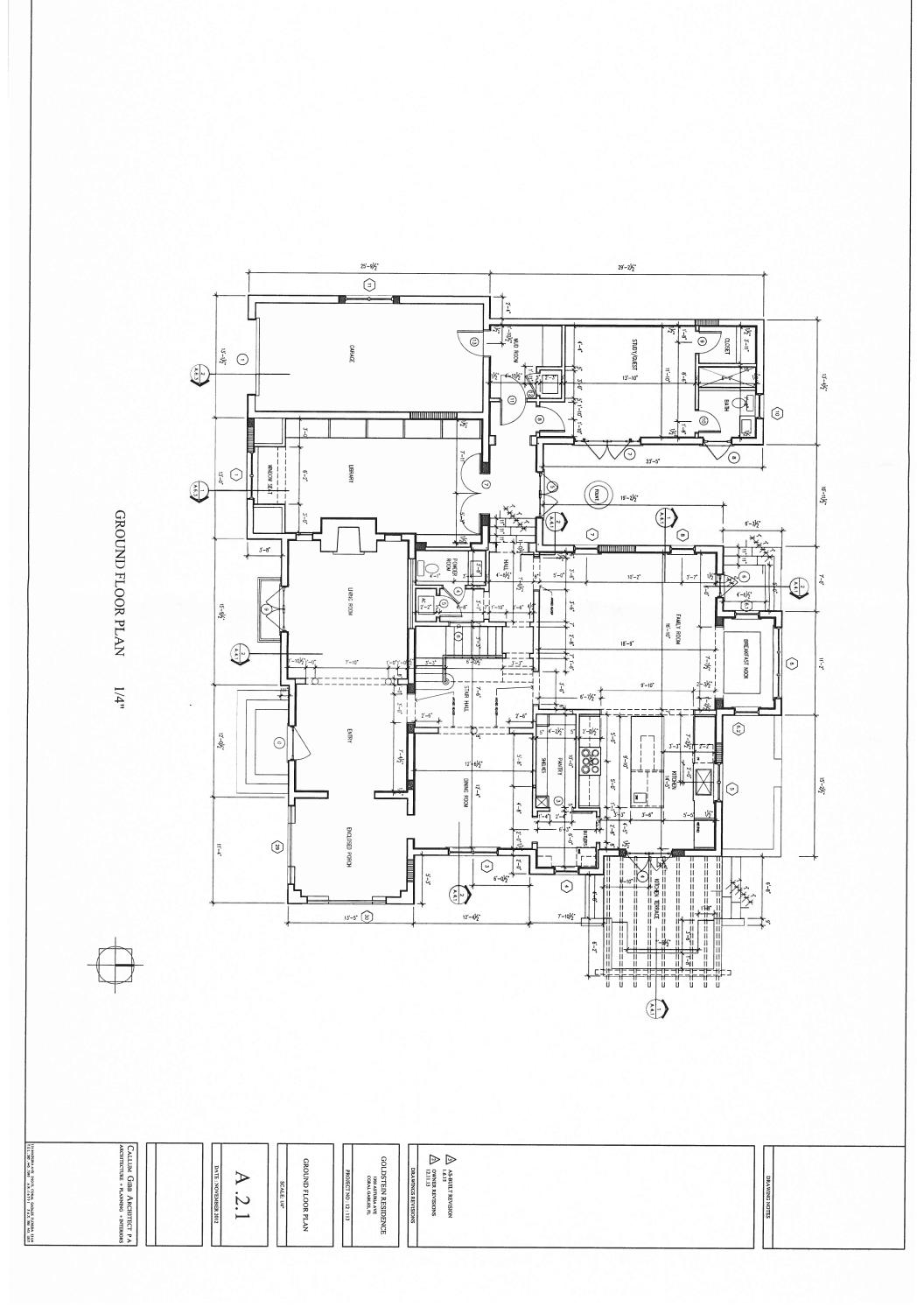
RECORD SET

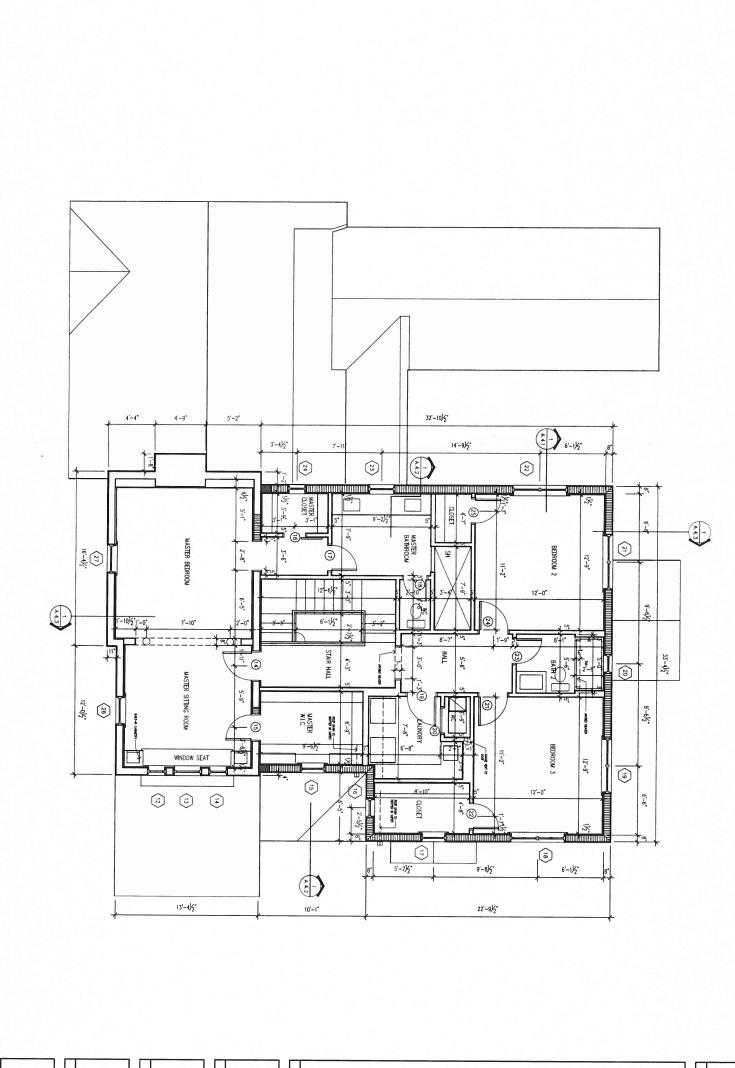
CALLUM GIBB ARCHITECT PA

AUGUST 2015

2015 AUG 14 PM 1: 28







SECOND FLOOR PLAN 1/4"

CALLUM GIBB ARCHITECT PA
ARCHITECTURE \* PLANNING \* INTERIORS

113 MADEIRA AVE 2NO PL CONAL GABLES PLONDA 33134 TEL.305.445.7385 AR:16751 FAX:305.445.1837

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SECOND FLOOR PLAN

GOLDSTEIN RESIDENCE
1203 ASTURIA AVE
CORAL GABLES, FL

AS-BUILT REVISION
1.6.15

OWNER REVISIONS
12.11.13



