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

1. 4400 PALMARITO ST.
Building Address | Historic name of building (if any) | District Name (if any)

7, 8 & 9 | 12 | CORAL GABLES RIVIERA SECT PART 1
Legal Description: Lot(s) | Block(s) | Section

SARAH GREG | 4400 PALMARITO ST | 33134
Owner's Name | Street Address | Zip Code | Phone No.
(Required) e-mail:

CALLUM GIBB | 353 ALCAZAR AVE | 33134 | 3058072352
Applicant's Name | Street Address | Zip Code | Phone/Fax
(Required) e-mail: callumgibbarchitect@gmail.com

Contractor Arch./Engineer's Name | Street Address | Zip Code | Phone/Fax
(Required) e-mail:

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

☐ Minor Alterations ☐ New Construction ☑ Addition ☐ Rehabilitation
☐ Demolition ☐ Other:

3. Will the work proposed require a variance from the Zoning Code?

☐ NO ☑ YES, from section(s) REDUCE REAR SETBACK FOR 2 STORY ADDITION TO FIVE FEET
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.
NEW TWO STORY ADDITION TO REAR CONNECTED BY A BREEZEWAY. 1 STORY ADDITION TO EXIST. GARAGE

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:*

☑ **Site Plan** (with dimensions) Before/After	☑ **Floor Plan(s)** (with dimensions) Before/After	☑ **Elevations(s)** (with dimensions) Before/After	☐ **Mailing list & 3 sets of labels** VARIANCES/DEMOLITIONS	
☑ **Photos** Labeled 2 per page	☑ **Survey**(5 yrs or younger) Board review (1 Orig + 16 copies) Non-Board (1 original)	☐ **Color/Material Sample** Board review (16 swatches) Non-Board review (1 set)	☐ **Letter of Intent** Board review (16 copies) Non-Board review (1 copy)	☐ **Reduced Plans** 11x17 Board review 2 sign/seal + 14reg. Non-Board review (1 set)
☐ **Copy of Board of Architects Comments/Recommendations**	☐ **CD/USB** with electronic copies of submittal items	☐ **Fee** variance or violations only	☐ **PowerPoint** on CD/USB	☐ **Other**

- 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 **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, Sarah Greg (Print Owner's Name), as Owner of Lot(s) _____,
Block(s) _____, Section _____ do hereby authorize the
filing of this application. Sarah G (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 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:
CASE FILE:
POTENTIAL HPB MEETING:

CITY OF CORAL GABLES
HISTORICAL RESOURCES &
CULTURAL ARTS DEPARTMENT
2327 SALZEDO STREET, 2ND FLOOR
CORAL GABLES, FLORIDA 33134
Phone: (305) 460-5093 Fax: (305) 460-5097
e-mail: HIST@coralgables.com

* 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.