



Board of Architects Review Application

Phone: 305.460.5238

Email: boardofarchitects@coralgables.com

Application Request

The undersigned Agent/Owner request(s) Board of Architects review of the following application(s):
(Choose one (1) from Section #1 and choose all applicable from Section #2)

1. ☐ New Building OR ☒ Alterations / Additions OR ☐ Color Palette Review
2. ☒ Preliminary Approval
☐ Coral Gables Mediterranean Style Design Standards Bonus Approval
☐ Final Approval

Property Information

Street Address of the Subject Property: 322 Manor Place, Coral Gables, FL 33133

Property/Project Name: Dr. Salvat Residence - Renovations and Addition

Legal description: Lot(s) Lot 6 & E 25 Ft Lot 7

Block(s) 4 Section(s) Coconut Grove Manor

Folio No. 03-4129-024-0400

Owner(s): Juan M. Salvat & W/Hilda E

Mailing Address: 322 Manor Place Coral Gables FL 33133

Telephone: _____ Fax _____

Other _____ Email h2wd@aol.com

Architect(s)/Engineer(s)/Contractor(s): JSA Group Inc.

Architect(s)/Engineer(s)/Contractor(s) Mailing Address: 12229 SW 132 court, Miami, FL 33136

Telephone: 305-251-7923 Business 305-251-7923 Fax 305-251-7924

Other _____ Email julio@jsagroup.net

Project Information

Project Description(s): Single Family, one story, 2634 sq. f. of interior renovations and addition

Estimated project cost*: \$156,000

(*Estimated cost shall be +/- 10% of actual cost)

Date(s) of Previous Submittal(s) and Action(s): _____

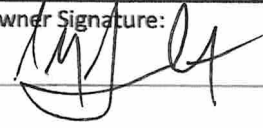


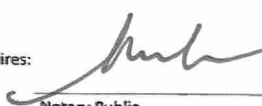
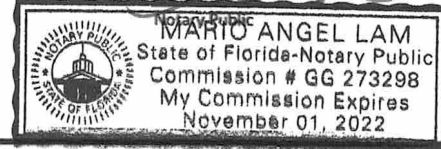
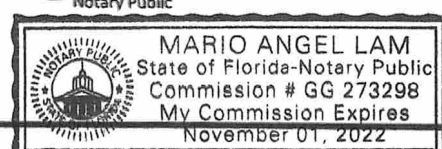
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Applicant/Owner/Architect/Engineer Affirmation and Consent

(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 Print Name: <u>Juan M. Salvat</u>		Agent/Owner Signature: 	
Address: <u>322 Manor Place Coral Gables</u>			
Telephone:		Fax:	Email: <u>h2wd@aol.com</u>
ARCHITECT'S/ENGINEER'S SEAL	Architect(s)/Engineer(s)/Contractor(s) Print Name: <u>Julio Sanchez, RA</u>		Architect(s)/Engineer(s)/Contractor(s) Signature: 
	Address: <u>12229 SW 132 Court</u>		
	<u>Miami, FL 33186</u>		
	Telephone: <u>305-251-7923</u>	Fax: <u>305-251-7924</u>	
	Email: <u>julio@jsagroup.net</u>		
STATE OF FLORIDA) SS COUNTY OF MIAMI-DADE) Sworn to or affirmed and subscribed before me this <u>10</u> day of <u>July</u> in the year 20 <u>22</u> by <u>Julio Sanchez</u> who has taken an oath and is personally known to me or has produced _____ as identification. My Commission Expires: 		STATE OF FLORIDA) SS COUNTY OF MIAMI-DADE) Sworn to or affirmed and subscribed before me this <u>10</u> day of <u>July</u> in the year 20 <u>22</u> by <u>Ricardo L. Casanova</u> who has taken an oath and is personally known to me or has produced _____ as identification. My Commission Expires: 	
			



12229 SW 132 Ct., Miami, FL 33186 .Phone: 305-251-7923 .Fax: 305-251-7924

Architect * Interior Designer
julio@jsagroup.net

AR-0015751 * ID-0002171

Letter of Intent

August 26, 2021

To Whom It May Concern:

This letter of intent is pursuant to the subject of preparing preliminary plans for the residence of Dr. Salvat. The Scope of Work includes addition of 771 square feet to the existing residence which has 1,856 square feet, which is also undergoing interior renovation. The Scope of Work of the addition includes a master bedroom, a master bath a new entrance feature, covered entrance porch, new powder and laundry room.

The interior renovations include existing bathroom, and an open concept kitchen, also all doors and windows, as well as the roofing system will be replaced. Included in the set are existing building photographs and the survey.

Based on the information above we respectfully request the approval of this project, for the continuation of completing construction documents and obtaining a building permit.

Thank you for your consideration and the attention of this project.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Julio Sanchez', with a large, stylized loop at the end.

Julio Sanchez, RA