

CITY OF CORAL GABLES, FLORIDA  
OFFICE OF THE CITY CLERK

APPLICATION FOR APPEAL FROM BOARD OF ARCHITECTS

NAME: Marcella Simon Kaplan  
ADDRESS: 3809 Anderson Rd, Coral Gables, FL 33134  
PHONE: 305-448-1055

The undersigned hereby appeals the decision of the Board of Architects of Coral Gables, Florida, made at its meeting of 4/24/2008, in which it made an adverse ruling in item number AB 20040829

Describe what is being appealed:

Architect Board refused to allow accordion style Miami Dade County approved hurricane shutters on the 6 openings in the front of the house.

There are 2 other homes on my street that have accordion style shutters on their homes. I want to have hurricane protection and have ease to open and close the shutters and accordians provide this to me.

Marcella Simon Kaplan by Marcella Simon  
Signature of Applicant under Durable Power of  
Attorney

May 1<sup>st</sup>  
May 20, 2008  
Date

Subject property located at: 3809 Anderson Rd, Coral Gables, FL

Subject property legally described as: Lots 13+14, Block 135, Coral Gables Country Club  
Section 6, PB/Pg 20/1 Miami-Dade County  
FL

Owner / Applicant Appeal Fee: \$200.00, Z.C. §24-8(a)5 and Z.C. §26-2  
Aggrieved Party Fee: \$200.00

2008 MAY - 1 AM 8:28

\$84.92

Building & Zoning Department  
405 Biltmore Way, Third Floor  
Coral Gables, Florida 33134  
Tel: 305-460-5235  
Fax: 305-460-5261  
www.coralgables.com



**CITY OF CORAL GABLES**  
**BUILDING AND ZONING DEPARTMENT**  
**Permit Application**

AB-08-04-0829

MCOL #

ALL OF THE FOLLOWING MUST BE COMPLETED BY APPLICANT ACCORDING TO FS 713.35

Date: 4/15/08

Application #:

Permit Change:	
Change of Contractor	<input checked="" type="checkbox"/>
Permit Extension	<input type="checkbox"/>
Permit Renewal	<input type="checkbox"/>
Permit Revision	<input type="checkbox"/>
Permit Supplement	<input type="checkbox"/>

Permit Type:	<input checked="" type="checkbox"/>
Building	<input checked="" type="checkbox"/>
Electrical	<input type="checkbox"/>
Mechanical	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>
Roofing	<input type="checkbox"/>
Misc.	<input type="checkbox"/>
App.	Date

Master Permit #: \_\_\_\_\_  
Control #: \_\_\_\_\_

Project Information:	
Commercial	<input checked="" type="checkbox"/>
Residential	<input checked="" type="checkbox"/>
Linear Feet:	<input checked="" type="checkbox"/>
Square Feet: <u>913</u>	<input checked="" type="checkbox"/>
Value of Work: <u>\$122,160</u>	<input checked="" type="checkbox"/>
	\$19,98

**DESCRIPTION OF WORK (PRINT):**

HURRICANE PROTECTION -  
Flexible Wind Abatement  
SYSTEM - ANGLE SCREEN 200  
OFFERS 74 OPENINGS and  
HT 100 Aluminum Accordion  
4 Black Color Armor Screens  
and 21 Ivory Color Accordions

**PROPERTY LOCATION:**

Address: 3809 Anderson Road  
Coral Gables FL 33134  
Folio #: 03-4117-004-1930  
Lot: 13414 Block: 135  
Subdivision: Coral Gables Country Club  
Section: 6  
Plat book: 20 Page: 1

**PROPERTY OWNER:**

Name: Marcia Simon Kaplan  
Address: 3809 Anderson Rd  
City/State/Zip: Coral Gables, FL 33134  
Telephone No.: 305-448-1055

**ARCHITECT:**

N/A

Name:

Address:

City/State/Zip: \_\_\_\_\_ Tel.: \_\_\_\_\_

**BONDING:**

N/A

Name:

Address:

Telephone No.: \_\_\_\_\_

**ENGINEER:**

N/A

Name:

Address:

City/State/Zip: \_\_\_\_\_ Tel.: \_\_\_\_\_

**MORTGAGE LENDER:**

N/A

Name:

Address:

Telephone No.: \_\_\_\_\_

Application is hereby made to obtain a permit to do work and installations as indicated. I certify that no work has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating the construction in the City of Coral Gables. I understand that a separate permit must be secured for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, BOILERS, TANKS, AIR CONDITIONERS, ROOFING, AWNINGS, ETC. The Historical Resources Department's approval is required prior to the issuance of a demolition permit.

**WARNING TO OWNER:** Failure to record a notice of commencement may result in you paying twice for improvements to your property. If you intend to obtain financing, consult with your lender or an attorney before recording your notice of commencement.

**OWNER'S AFFIDAVIT:** I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

Signature of Owner

Marcia Simon Kaplan

Signature of Qualifier

Kurt P. Hall

The foregoing instrument was acknowledged before me this 18 day of  
March 20 07 by Marcia Simon Kaplan  
( is personally known to me,  
( has produced a \_\_\_\_\_ as identification,

The foregoing instrument was acknowledged before me this 11th day of  
May 20 07 by Kurt P. Hall  
( is personally known to me,  
( has produced a \_\_\_\_\_ as identification,

NOTARY PUBLIC (SEAL)

LUCIA BEATRIZ ORDOÑEZ

MY COMMISSION # DD 464721  
EXPIRES: August 23, 2009  
Bonded Thru Notary Public Underwriters

NOTARY PUBLIC (SEAL)

KATHLEEN ZAMBARDINO  
Comm# DD0091759  
Expires 4/11/2011  
Florida Notary Assn, Inc

Form 101

DURABLE POWER OF ATTORNEY  
KNOW ALL MEN BY THESE PRESENTS:

That MARCIA M. SIMON-KAPLAN has made, constituted and appointed, and by these presents does make, constitute and appoint GARY P. SIMON my true and lawful attorney for myself and in my name, place and stead, giving and granting unto GARY P. SIMON, said attorney, full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in and about the premises as fully, to all intents and purposes, as I might or could do if personally present with full power of substitution and revocation, including but not limited to the power to sell, convey, develop, lease, borrow, mortgage and encumber any or all of my property, real, personal or mixed, hereby ratifying and confirming all that GARY P. SIMON, said attorney, or substitute shall lawfully do or cause to be done by virtue hereof.

Party of the second part is the SON of the party of the first part.

This Durable Power of Attorney shall not be affected by disability, incompetence or incapacity of the principal, except as provided by statute.

This Durable Power of Attorney shall cover all financial, living, and medical needs of the party of the first part and all consents and other papers needed for the party of the first part shall be signed by the party of the second part in the place and stead of the party of the first part.

The undersigned hereby designates GARY P. SIMON as my Guardian in case I should become incompetent or incapacitated while alive, and I request that the Court recognize this designation of mine.

In addition to all of the rights given by law, I give to my designated Power of Attorney the following: the right to arrange for, consent to, and to withhold, through artificial means, nourishment, drugs, hydration and sustenance, and any other type of medical, therapeutic, and surgical care or life sustaining treatment or other health care decisions, to provide informed consent for health care, to have access to my medical records, to apply for public benefits for me, to authorize the transfer and admission of me to or from a health care facility, the absolute right of access to my safe deposit boxes and to remove documents and items therefrom, the right to sign any and all tax returns, the right to issue Internal Revenue Service Powers of Attorney, and to act as my Power of Attorney with respect to the Internal Revenue Service, to settle any and all tax disputes, to deal with any and all retirement plans, including IRA's, roll overs and voluntary contributions, including but not limited to, to draw down on pension and IRA benefits and proceeds and make elections and distribution decisions, to establish, to withdraw assets from or to fund intervivos trusts, to borrow funds to avoid forced liquidation of assets, to deal with life insurance, to enter into Buy-Sell Agreements, to forgive and collect debts, to complete charitable pledges, to make statutory elections and disclaimers, to pay salaries of employees and to settle, to pursue, or to appeal litigation, all on my behalf, to buy, sell, lease, mortgage and

encumber any interest in property, real, personal or mixed that I may own (homestead or otherwise, whether homestead now or in the future) and to make gifts of my property to issue of mine.

Gift Giving.

a. Individuals. My attorney-in-fact is authorized to make irrevocable gifts of my assets (owned by me or in trust for me into which trust I have access or a power of withdrawal) or to join in the making of gifts, to one or more of my issue (including the attorney in fact himself) and to the spouse or surviving spouse of any of my issue, including my attorney-in-fact, to fund trusts established by me or others to benefit myself, my issue or spouse(s) of same. The total fair market value of my assets which may be given to each individual shall be similar to gifts which I have given in the past, and if none in prior years, then \$10,000.00 in any calendar year. This limitation shall not be cumulative from year to year. My attorney-in-fact is authorized to make those gifts: outright, to a custodian under the Uniform Gifts to Minors Act or the Uniform Transfers to Minors Act of either the State in which the donee or the custodian resides, or any other State of competent jurisdiction; by additions to existing trusts; or otherwise; as my attorney-in-fact determines. Notwithstanding anything herein to the contrary, my attorney-in-fact may make gifts or consent to the making of gifts, as described above, to person(s) who are not a spouse of mine, issue of mine or spouse of same, as long as I have had a history of making gifts or joining in the making of gifts to such person(s).

b. Medical Expenses. My attorney-in-fact is authorized to pay from my assets expenses for medical care incurred by each individual named or described in subsection (a) of this Section. Payment shall be made directly to a person who provides that medical care, and not to any other person. The total fair market value of my assets which may be expended for each individual's medical care shall be unlimited. The term "medical care" has the same meaning as is accorded to it by section 213(d) of the Code.

c. Tuition Expenses. My attorney-in-fact is authorized to pay from my assets tuition expenses at an educational organization, for the education or training of each individual named or described in subsection (a) of this Section. Payment shall be made directly to that educational organization, and not to any other person. The total fair market value of my assets which may be expended for each individual's tuition expenses shall be unlimited. The term "educational organization" has the same meaning as is accorded to it by Section 170(b) of the Code.

d. Limitations. My attorney-in-fact shall not exercise any authorization granted in this Section in discharge of any legal obligation imposed upon my attorney-in-fact. Any gift or consent to a gift made in accordance with the provisions hereof and in amounts similar to what the principal has given in the past shall be conclusively deemed to be approved with no right to revoke such gift.

Waiver. My attorney-in-fact is authorized to waive any physician-patient privilege or attorney-client privilege which I have.

Compliance. Some persons may attempt to ignore or circumvent the directions of my attorney-in-fact. I want to discourage dilatory tactics, spurious defenses, and non-compliance with those

directions. I recommend that my attorney-in-fact warn each banking institution and other person concerned, that there is or maybe law making it unlawful to fail to honor this Power of Attorney. In an extreme case, I recommend that my attorney-in-fact consider instituting an action: to recover the amount of any loss resulting from non-compliance with those directions, the legal costs of implementing those directions, and punitive damages; to obtain a mandatory injunction requiring compliance with the directions of my attorney-in-fact by any person; and to obtain any other relief that my attorney-in-fact determines to be advisable. For any and all actions taken by my attorney-in-fact, such person(s) shall be exonerated from actions taken in good faith no matter the outcome.

To induce any third party, including but not limited to financial institutions, brokerage and securities firms, individuals, persons and corporations, to act hereunder, I hereby agree that any third party receiving a duly executed copy or facsimile of this instrument may act hereunder, and that revocation or termination hereof shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or termination shall have been received by such third party, and I for myself and for my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless any such third party from and against any and all claims that may arise against such third party by reasons of such third party having relied on the provisions of this instrument.

My attorney in fact shall not be held liable for any acts or decisions that shall be made by such attorney in fact when made in accordance with the terms and/or instructions of the undersigned, as the principal.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 30 day of October, 1995.

Witnesses:

sign Neva D. Ritz  
print NEVA D. RITZ

sign Connie M. Stepp  
print CONNIE M. STEPP  
STATE OF FLORIDA  
COUNTY OF DADE

The foregoing instrument was acknowledged before me this 30 day of October, 1995, by MARCIA M. SIMON-KAPLAN.

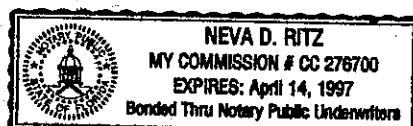
Personally known to me ✓  
Produced Identification \_\_\_\_\_

Type of Identification

J:\WORK\CLIENTS\MMS\MARCI.A.POA  
October 25, 1995 @ 10:44am

sign Marcia M. Simon-Kaplan  
MARCIA M. SIMON-KAPLAN

NOTARY PUBLIC  
Printed Name  
My Commission Expires:



CITY OF CORAL GABLES  
RECEIVED BY THE  
OFFICE OF THE CITY CLERK

2008 MAY - 1 AM 8:31

FRANK L. BENNARDO, P.E.  
#PE0046549

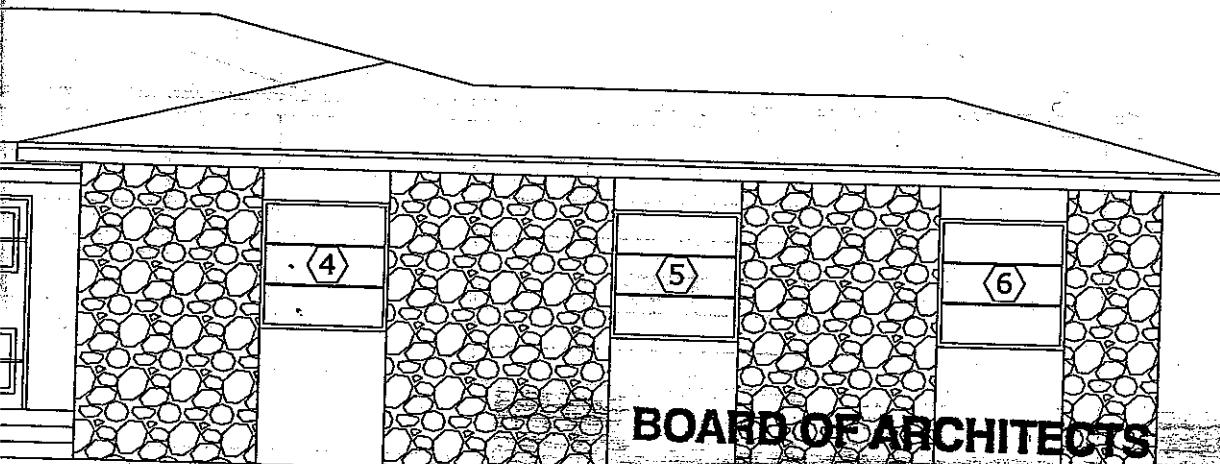
04/03/2008  
VALID FOR (1) JOB(S) ONLY  
VALID ONLY WITH RAISED ENGINEER'S SIGNATURE



LICENSED AFFILIATE OF  
**ENGINEERING  
EXPRESS®**

160 SW 12th AVENUE, #106  
DEERFIELD BEACH, FL 33442  
Ph: (954) 354-0660 Fax: (954) 354-0443

www.ENGEXP.COM  
CERT OF AUTH #9886



**BOARD OF ARCHITECTS**

DEFERRED

REJECTED

*BOA DOES NOT APPROVE ACCORDIAN  
SHUTTERS IN FRONT FACADE  
OF RESIDENCE ADDITIONAL  
ARCHITECTURAL AESTHETICS  
OF RESIDENCE, WITH ITS  
COVAC ROCK BRUTTING WINDOW  
WOULD NOT WORK WITHOUT  
MODIFICATION.*

*Down  
on 5.1.08*

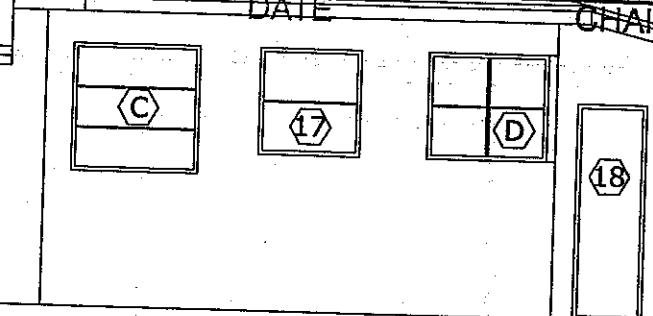
DATE

CHAPPERSON

*Off 5-1-08*

**ALL STORM BUSTERS, LLC**

2101 N.W. 33 STREET, 2600DA  
POMPANO BEACH, FL 33069  
Phn. (954) 867-9000 Fax. (954) 867-9001  
MARCIA SIMON - KAPLAN RESIDENCE  
3809 ANDERSON ROAD  
CORAL GABLES, FL 33134



REMARKS	DRWN	CHKD	DATE
INT ISSUE	JEM	FLB	04/02/08
	-	-	-
	-	-	-
	-	-	-
	-	-	-
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	-	-	-
	-	-	-
	-	-	-
	-	-	-

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07-ASB-0001  
SCALE: 02  
CONTRACT ID:  
11665  
2 OF 5

**CERTIFIED IN WILLS, TRUSTS & ESTATES**

**GARY P. SIMON**  
ATTORNEY AT LAW

**SIMON & SIMON, P.A.**  
SUITE 708  
9500 S. DADELAND BOULEVARD  
MIAMI, FLORIDA 33156-2849  
TEL: 305 670-6750  
FAX: 305 670-6776  
Email: [Simon675@bellsouth.net](mailto:Simon675@bellsouth.net)

MARCI M. SIMON C/O SIMON & SIMON  
9500 S DADELAND BLVD, STE 708  
MIAMI, FL 33156  
PH. 305-670-6750

SMITH BARNEY/FIN MANAGEMENT ACCT  
CITIBANK FSB  
ENGLEWOOD CLIFFS, NJ  
55-7265/212

4787

PAY: \*\*\*\*TWO HUNDRED &amp; 0/100 DOLLARS

TO THE  
ORDER OFDATE  04/30/08 AMOUNT  \$ \*\*200.00

CITY OF CORAL GABLES

AUTHORIZED SIGNATURE



00004787 0212726551 1008037822

MARCIA M. SIMON C/O SIMON &amp; SIMON

9500 S DADELAND BLVD, STE 708, MIAMI, FL 33156

4787

Vendor ID: CITYCG

Name: CITY OF CORAL GABLES

Check Date: 04/30/08

Check Amount: 200.00

MEMO:

APPEAL FEE  
3809 ANDERSON ROAD, CORAL GABLES, FL

2008 MAY - 1 AM 8:29

CITY OF CORAL GABLES  
CITY CLERK'S OFFICE  
CITY OF CORAL GABLES

RECEIPT

DATE	5/1/08	No.		455207
RECEIVED FROM	Gary P. Simon			
FOR RENT OR	two hundred dollar - <input type="text"/> 100. DOLLARS			
Appeal fees (Board of Architecture)				
ACCOUNT	<input type="radio"/> CASH	<input type="radio"/> MONEY	<input type="radio"/> ORDER	
PAYMENT	<input type="radio"/> CHECK	<input type="radio"/> CREDIT	<input type="radio"/> CARD	FROM <input type="text"/> TO <input type="text"/>
BAL. DUE	<input type="text"/>	<input type="text"/>	<input type="text"/>	BY <input type="text"/>

adams 1182