

CITY OF CORAL GABLES, FLORIDA
OFFICE OF THE CITY CLERK

APPLICATION FOR APPEAL FROM BOARD OF ARCHITECTS

NAME: Marcia 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 AB20040829

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 accordions provide this to me.

Marcia Simon Kaplan by Lucretia Simon
Signature of Applicant under Durable Power of Attorney

May 1st
April 30, 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 - 11:48 AM

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

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

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

Master Permit #: _____
Control #: _____

Project Information:	<input checked="" type="checkbox"/>
Commercial:	
Residential:	<input checked="" type="checkbox"/>
Linear Feet:	<input checked="" type="checkbox"/>
Square Feet: <u>913</u>	<input checked="" type="checkbox"/>
Value of Work: <u>\$22,160</u>	<input checked="" type="checkbox"/>

DESCRIPTION OF WORK (PRINT):

HURRICANE PROTECTION -
Flexible Wind Abatement
System - AMW, Screen 200
Gates (4 openings) and
100 Aluminum Accordion
4 Black color Armor Screen
and 21 Ivory color Accordion

PROPERTY LOCATION:

Address: 3809 Anderson Road
Coral Gables FL 33134
Folio #: 03-4117-004-1930
Lot: 13+14 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

CONTRACTOR: ALL STORM BUSTERS LLC
Address: 2101 NW 38th St. #2000A
City/State/Zip: Pompano Beach, FL 33069
License No.: C6C15116216 Telephone No.: 954-867-9000

ARCHITECT:

Name: N/A
Address: _____
City/State/Zip: _____ Tel.: _____

ENGINEER:

Name: N/A
Address: _____
City/State/Zip: _____ Tel.: _____

BONDING:

Name: N/A
Address: _____
Telephone No.: _____

MORTGAGE LENDER:

Name: N/A
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,

NOTARY PUBLIC (SEAL)

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



KATHLEEN ZAMBARDINO
Comm# DD0861758
Expires 4/11/2011
Florida Notary Assn., Inc.

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, therapeutical, 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 inter vivos 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

print

sign

print

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\MARCIA.POA
October 25, 1995 @ 10:44am

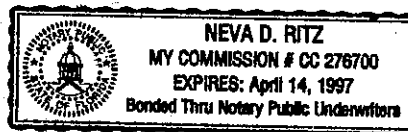
sign

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 SEAL

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 #9885

BOARD OF ARCHITECTS

DEFERRED ☐

REJECTED ☒

*BOA DOES NOT APPROVE ACCORDIAN
SHUTTERS IN FRONT FACADE
OF RESIDENCE ADDITIONAL
ARCHITECTURAL AESTHETICS
OF RESIDENCE, WITH ITS
CORAL ROCK ABUTTING WINDOW
WOULD NOT WORK WITH
MODIFICATION.*

*OWN
05.01.08*

5.1.08

DATE

CHAIRPERSON

ALL STORM BUSTERS, LLC

2101 N.W. 33 STREET, 2600A
POMPAHO BEACH, FL 33069
Phn. (954) 867-9000 Fax. (954) 867-9001

MARCIA SIMON - KAPLAN RESIDENCE
3809 ANDERSON ROAD
CORAL GABLES, FL 33134

REMARKS	INIT	ISSUE	DATE
			04/02/08

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07-ASB-0001

SCALE: 02

CONTRACT ID:

11665

2

CONCENTRATING IN REAL PROPERTY & CORPORATE & BUSINESS
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

MARCIA 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 & 0/100 DOLLARS

TO THE
ORDER OF

DATE

04/30/08

AMOUNT

\$

**200.00

CITY OF CORAL GABLES

AUTHORIZED SIGNATURE



⑈0004787⑈ ⑆021272655⑆ ⑈1008037822⑈

MARCIA M. SIMON C/O SIMON & SIMON
9500 S DADELAND BLVD, STE 708, MIAMI, FL 33156
Vendor ID: CITYCG

4787

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
RECEIVED BY THE
OFFICE OF THE CITY CLERK

RECEIPT

DATE	5/1/08	No.	455247
RECEIVED FROM	Gary P. Simon	\$	200.00
Two hundred dollar - x4/100.			DOLLARS
FOR RENT	Appeal fees (board of architects)		
FOR			
ACCOUNT		FROM	Sanford
PAYMENT	200.00	BY	City Clerk office
BAL. DUE	0		

☐ CASH
☐ MONEY ORDER
☒ CHECK
☐ CREDIT CARD

1182