

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

410 Minorca Avenue

1. Building Address: 10 & 11, Historic name of building (if any): 4, District Name (if any): CORAL GABLES SEC B PB 5-111
Legal Description: Lot(s): MACGREGOR J WILKIE, Block(s): 410 Minorca Avenue, Section: 33134, 214-883-3332
NATHALIA PAULINELLI, 954-647-0144
Owner's Name: Jorge Gonzalez, AIA, Street Address: 10950 SW 88 ST #200, Zip Code: 33176, Phone No.: 786-250-2724
Applicant's Name: Jorge Gonzalez, AIA / Vertical Design Studio, PA, Street Address: 10950 SW 88 ST #200, Zip Code: 33176, Phone/Fax: 786-250-2724
Contractor/Arch./Engineer's Name: Jorge Gonzalez, AIA / Vertical Design Studio, PA, Street Address: 10950 SW 88 ST #200, Zip Code: 33176, Phone/Fax: 786-250-2724

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

Minor Alterations, New Construction, Addition, Rehabilitation, Demolition, Other: Interior remodel

3. Will the work proposed require a variance from the Zoning Code? REAR SETBACK: Requesting reduction of required 10' setback to 7'. GROUND COVERAGE: Requesting increase of maximum 35% ground coverage to 40%.
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
6. WORK PROPOSED: Brief narrative of work to be performed. 1.- INTERIOR REMODEL OF 1-STORY SINGLE FAMILY RESIDENCE. 2- TWO STORY ADDITION AT SOUTHWEST CORNER OF RESIDENCE. EXISTING FLOOR AREA (1,718) + TOTAL ADDITION FLOOR AREA (2,235) = 3,953 TOTAL FLOOR AREA

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. 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, 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 Other on CD/USB

- 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, Nathalia Paulinelli + C MacGregor Wilkie, as Owner of Lot(s) 10 & 11, Block(s) 4, Section CORAL GABLES SEC B PB 5-111 do hereby authorize the filing of this application. (Owner's Signature) (Date) 11/10/25

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.