



Board of Architects Review Application

04

Phone: 305.460.5245

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: 4516 UNIVERSITY DRIVE
 Property/Project Name: NEW RESIDENCE FOR RAFAEL URBINA
 Legal description: Lot(s) LOTS 24 & 25, & S. 5' OF LOT 23
 Block(s) 97 Section(s) COUNTRY CLUB SEC. PT. 5
 Folio No. 03-4119-001-4550

Owner(s): RAFAEL URBINA QUINTERO LIVING TRUST
 Mailing Address: 4516 UNIVERSITY DRIVE
 Telephone: (305) 790-2452 Fax
 Other (305) 476-2955 Email urbina@gmail.com

Architect(s)/Engineer(s)/Contractor(s): EASTSHORE INT'L. CORP.
 Architect(s)/Engineer(s)/Contractor(s) Mailing Address: 2727 SALZEDO ST.
 Telephone (305) 648-2006 Business Fax (305) 648-0521
 Other (786) 710-7881 Email info@eastshore.net

Project Information

Project Description(s): NEW 1 STORY SINGLE-FAMILY RESIDENCE
 Estimated project cost*: \$600,000
 (*Estimated cost shall be +/- 10% of actual cost)
 Date(s) of Previous Submittal(s) and Action(s): H/A



Board of Architects Review Application

Applicant/Owner/Architect/Engineer Affirmation and Consent

(I) (We) acknowledge, affirm, and certify to all of the following:

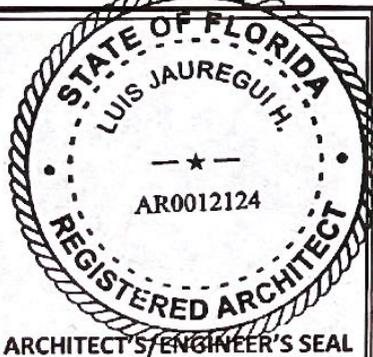
1. This request, application, application supporting materials and all future supporting materials complies with all provisions and regulations of the Zoning Code, Comprehensive Plan and Code of Ordinances of the City of Coral Gables unless identified and approved as a part of this application request 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:	Agent/Owner Signature:
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Address:

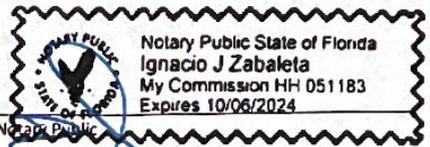
Telephone:	Fax:	Email:
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	Architect(s)/Engineer(s)/Contractor(s) Print Name:	Architect(s)/Engineer(s)/Contractor(s) Signature:
	LUIS JAUREGUI	
	Address: 2727 SALZEDO ST. CORAL GABLES, FL 33134	
	Telephone: 305-648-2006	Fax: 305-648-0521
	Email:	

STATE OF FLORIDA)
 SS
 COUNTY OF MIAMI-DADE)

Sworn to or affirmed and subscribed before me this 3 day of Nov. in the year 2024 by LUIS JAUREGUI 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 ___ day of ___ in the year 20___ by _____ who has taken an oath and is personally known to me or has produced _____ as identification.

My Commission Expires: _____

Notary Public



EASTSHORE ARCHITECTS

It's not just buisness...
It's Personal.

2727 Salzedo Street • Coral Gables, FL 33134 • 305-648-2006 • Fx 305-648-0521 • www.eastshore.net

LETTER OF INTENT - 4516 UNIVERSITY DRIVE

November 23, 2021

City of Coral Gables
Development Services
405 Biltmore Way
Coral Gables, FL 33134

RE: 4516 University Drive - Folio #03-4119-001-4550

To whom it may concern:

We are the architects for the project located at 4516 University Drive, Coral Gables, FL 33146.

We are proposing the demolition of an existing one-story single-family residence originally built in 1950. The home was expanded in 1991 to its current size of 4,469 square feet.

As illustrated on the plans being submitted with this letter, we propose a new 6,422 square foot one-story single-family residence in the Florida Pioneer/Colonial vernacular. The design is in keeping with the character and scale of the existing residences along University Drive. It is a unique design and does not exist elsewhere.

Sincerely,

Luis Jáuregui

Luis Jáuregui, AR0012124
Eastshore Int'l Corp