

BOAR-21-09-0016

253 MIRACLE MILE



bles.com

Phone: 305.460.5245

Email: เมษะ

Application Request			
The undersigned Agent/Owner request(s) Board of Architects review of the follow (Choose one (1) from Section #1 and choose all applicable from Section #2)	wing app	lication	(s):
1. New Building OR 🛮 Alterations / Addition	s OR		Color Palette Review
2. Preliminary Approval			
Coral Gables Mediterranean Style Design Standard	ls Bonus /	Approva	al
Final Approval			
Property Information			
Street Address of the Subject Property: 253 Miracle Mile, Coral Gables,	33134		
Property/Project Name: JohnMartin's			
Legal description: Lot(s) Lots 37& 38 of Coral Gables			
Block(s)Section(s) K		3	
Folio No. 03-4108-006-3761	200		
Owner(s): 253 CORAL GABLES MM LLC			
Mailing Address: 801 ARTHUR GODFREY RD STE 600, MIAMI BEACH	H, FL 33	3140	
Telephone: 305. 779. 8936 Fax			
Other Applicant: Guillermo Alvarez 786-390-4702 Email yBarro: Email: Galvarez@BreakwaterHG.com	so@ter	ranova	corp.com
Architect(s)/Engineer(s)/Contractor(s): EDVAPO A-VA2QVE	=2		
Architect(s)/Engineer(s)/Contractor(s) Mailing Address: 8425 BLSC BL		UNC	[107 WIAMI PC
Telephone: 786 217 4512 Business	-		
OtherEmail ENA	CHIE	q e	gmail.com
Project Information			
Project Description(s): Exterior Facade Remodel including replacement	ent of e	existin	g storefront windows
with Nana Wall System and addition of skylight on the roof (not	visible	from	street front).
Estimated project cost*: \$120,000			
(*Estimated cost shall be +/- 10% of actual cost)			
Date(s) of Previous Submittal(s) and Action(s):	· ·		



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

ent/Owner Print Name: 253 CORAL GABLES MM LLC		Agent/Owner Signature:			
Address: 801 ARTHUR GODFREY RD STE 600, MIAMI BEACH, FL 33140					
_					
Fax:			Email: yBarroso@terranovacorp.com		
Architect(s)/Engineer(s)/Contractor(s) Print Name:			Architect(s)/Engineer(s)/Contractor(s) Signature:		
Address: 8425 BISLAYNE BUVD,					
Teleph	one: 786 277	4512	Fax:		
Email: EXVANCISEGE GUAL. COM					
STATE OF FLORIDA SS COUNTY OF MIAMI-DADE Sworn to or affirmed and subscribed before me this 30 day of 08 in the year 201 by Colorado 1020-62 who has taken an oath and is personally known to me or has produced 1220-201-62-253-0 as identification. My Commission Expires:		STATE OF FLORIDA SS COUNTY OF MIAMI-DADE Sworn to or affirmed and subscribed before me this 9 day of 09 in the year 2021 by STEPNEN BITTE who has taken an oath and spersonally known to me or has produced as identification. My Commission Expires: Revenue Reven			
Notary Public - State of Florida Commission # HH 144841 My Comm. Spokes June 23, 2025			REBECCA RUIZ Notary Public - State of Florida Commission: # HH 152330 My Comm. Expires Jul 12, 2025 Ionaed through National Nation, 1999		
	Archite Print N Port Addres Teleph Email:	PREY RD STE 600, Fax: Architect(s)/Engineer(s)/O Print Name: DALOS VALOR Address: 8425 By Telephone: 186 211 Email: Avenuely ethis 30 day of 08 in ecz who has taken an oduced 1220-201-62-2530 L HIDALGO C-State of Florida on # HH 144841 colres lune 23, 2025	FREY RD STE 600, MIAMI BE Fax: Architect(s)/Engineer(s)/Contractor(s) Print Name: EDARDO MALDEL LA Address: 8425 BISLAYNE Telephone: 18621 4512 Email: EAVING ET 6 STATE OF FLORI SS COUNTY OF M SWorn to or affirm year 2021 by andes personally as identification. My Commission E L HIDALGO C - State of Florida on # HH 144841 Tolers lune 23, 2025		



August 26, 2021

Re: John Martin's Facade Renovation

Architectural Style

The Architectural Style for the Façade renovation is Irish Pub Street Vernacular.

If you have any questions, please contact me at (786) 277-4512.

Respectfully Submitted,

Eduardo Alberto Vazquez, RA AR 014369