

HISTORIC PRESERVATION AD-VALOREM TAX EXEMPTION

PART 2 – REQUEST FOR REVIEW OF COMPLETED WORK

INSTRUCTIONS:

Upon completion of the restoration, rehabilitation, or renovation, return this form *with photographs of the completed work (both exterior and interior views of the building)* to the City of Coral Gables Historical Resources Department.

Each photograph must be clearly labeled, and they should be the same views as the before photographs that were included in the Preconstruction Application.

If there are conditions included as part of the Final Recommendation from the local Historic Preservation Officer, the application will not be considered complete until all conditions have been met and acknowledged by the local Historic Preservation Officer.

I. Property identification and location:

Property Name: _____

Folio Number: #03-4118-005-1280

Street Address: 3701 DURANGO Street, Coral Gables FL 33134-6433

II. Data on restoration, rehabilitation or renovation project:

Project start date: January 2019

Project completion date: 5/20/2021

Cost of entire project: \$ 1,590,413.03

Estimated costs attributed to work on historic buildings: \$ 493,471.92

Name of architect: John R. FORBES Phone: 305-446-0849 ext. 1020

Name of Contractor: John R. FORBES Phone: 305-446-0849 ext. 1020

Owner attestation: I hereby apply for the historic preservation property tax exemption for the restoration, rehabilitation or renovation work described above and in the Preconstruction Application for this project which received approval on April 19, 2018.

Certificate of Appropriateness April 13, 2020

I hereby attest that the information provided is, to the best of my knowledge, correct, and that in my opinion the completed project conforms to the Secretary of Interior's Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings and is consistent with the work described in the Preconstruction Application. I also attest that I am the owner of the property described above or, if the property is not owned by an individual, that I am the duly authorized representative of the owner. Further, by submission of this application, I agree to allow access to the property by representatives of the City of Coral Gables Historical Resources Department, the County Historic Preservation Office, and the Office of the Property Appraiser, for the purpose of verification of information provided in this application. I understand that, if the requested exemption is granted, I will be required to enter into a Covenant with the City of Coral Gables and Miami-Dade County granting the exemption in which I must agree to maintain the character of the property and the qualifying improvements for the term of the exemption. I also understand that falsification of factual representations in this application is subject to criminal sanctions pursuant to the Laws of Florida.

MICHEL BOUSSUGE

Print Name



Signature

07/22/21

Date

Complete the following, if signing for an organization.

Print Name	Title	Signature
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Name of Organization _____

Taxpayer Identification Number _____

Mailing Address _____

City _____ State _____ Zip Code _____

Daytime Telephone Number _____

Multiple owners must provide the same information as above. Use additional sheets if necessary.

**[Please attach the photographic documentation here, use additional pages if necessary.
Provide a copy of all photographs on CD, if possible.]**

I hereby attest that the information provided is, to the best of my knowledge, correct, and that in my opinion the completed project conforms to the Secretary of Interior's Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings and is consistent with the work described in the Preconstruction Application. I also attest that I am the owner of the property described above or, if the property is not owned by an individual, that I am the duly authorized representative of the owner. Further, by submission of this application, I agree to allow access to the property by representatives of the City of Coral Gables Historical Resources Department, the County Historic Preservation Office, and the Office of the Property Appraiser, for the purpose of verification of information provided in this application. I understand that, if the requested exemption is granted, I will be required to enter into a Covenant with the City of Coral Gables and Miami-Dade County granting the exemption in which I must agree to maintain the character of the property and the qualifying improvements for the term of the exemption. I also understand that falsification of factual representations in this application is subject to criminal sanctions pursuant to the Laws of Florida.

Jennifer BOUSSUGE J. Boussuge 07/22/21
 Print Name Signature Date

Complete the following, if signing for an organization.

 Print Name Title Signature

Name of Organization _____

Taxpayer Identification Number _____

Mailing Address _____

City _____ State _____ Zip Code _____

Daytime Telephone Number _____

Multiple owners must provide the same information as above. Use additional sheets if necessary.

**[Please attach the photographic documentation here, use additional pages if necessary.
 Provide a copy of all photographs on CD, if possible.]**

REVIEW OF COMPLETED WORK
TO BE FILLED OUT BY THE
LOCAL HISTORIC PRESERVATION OFFICER

Street Address of property 3701 Durango Street
Folio number 03-4118-005-1280

The local Historic Preservation Officer has reviewed Part 2 (Request for Review of Completed Work) of the Historic Preservation Property Tax Exemption Application for the above named property and hereby:

Determines that improvements to the above referenced property are consistent with the Secretary of Interior Standard's for Rehabilitation and Guidelines for Rehabilitating Historic Buildings and the criteria set forth in Chapter 1A-38, F.A.C., and therefore recommends approval of the requested historic preservation tax exemption.

Determines that improvements to the above referenced property are not consistent with the Secretary of Interior Standard's for Rehabilitation and Guidelines for Rehabilitating Historic Buildings and the criteria set forth in Chapter 1A-38, F.A.C., and therefore recommends denial of the requested historic preservation tax exemption for the reasons stated in the Review Comments below.

Please list any Review Comments here:

Additional Review Comments attached? Yes [] No []

Signature: W Adams

Typed or printed name: WARREN ADAMS

Title: PRESERVATION OFFICER

Date of Review: 4/29/2022





Courtyard looking East



North facade from courtyard



South facade from courtyard



East facade



South facade garage



East facade (garage)



Porch above Garage



North facade along Rodrigo Ave



North facade along Rodrigg Ave



North facade along Rodrigo Ave.



West facade along Durango Street



West facade along Durango St.



North facade along Rodrigo Ave



Entrance Looking South



Entrance Looking South East.



3701 DURANGO Street, Street Facing facade