



Board of Architects Review Application

Phone: 305.460.5238

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: 11405 Bird Road, Coral Gables FL 33146

Property/Project Name: 1405 Bird Road, Coral Gables FL 33146 // Amer Residence

Legal description: Lot(s) 15

Block(s) 54 Section(s) CORAL GABLES COUNTRY CLUB SEC 4

Folio No. 03-4118-006-1070

Owner(s): Karim Amer

Mailing Address: 1405 Bird Road, Coral Gables FL 33146

Telephone: 718-249-9479 Fax

Other Email karimamer@hotmail.com

Architect(s)/Engineer(s)/Contractor(s): LLizan Inc

Architect(s)/Engineer(s)/Contractor(s) Mailing Address: 14921 SW 82nd Ter #3-210

Telephone: 786-768-6978 Business Fax

Other Email llizaninc@gmail.com

Project Information

Font of property upgrade
Project Description(s): Fabrication and Installation of aluminum fence (horizontal style) Please see drawings and pictures submitted. Two piers/CBS columns are being proposed.

Estimated project cost*: \$15,600

(*Estimated cost shall be +/- 10% of actual cost)

Date(s) of Previous Submittal(s) and Action(s): N/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 submitta /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: Leonardo Cabrera		Agent/Owner Signature:	
Address: 14921 SW 82nd Ter #3-210, Miami FL 33193			
Telephone: 786-768-6978		Fax:	Email: llizaninc@gmail.com
ARCHITECT'S/ENGINEER'S SEAL	Architect(s)/Engineer(s)/Contractor(s) Print Name: Leonardo Cabrera		Architect(s)/Engineer(s)/Contractor(s) Signature:
	Address:		
	14921 SW 82nd Ter #3-210, Miami FL 33193		
	Telephone: 786-768-6978		Fax:
	Email: llizaninc@gmail.com		
STATE OF FLORIDA) SS COUNTY OF MIAMI-DADE) Sworn to or affirmed and subscribed before me this <u>9th</u> day of <u>Dec.</u> in the year 20 <u>20</u> by <u>Leonardo Cabrera</u> who has taken an oath and is personally known to me or has produced <u>414-0</u> as identification.		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:		My Commission Expires: _____ Notary Public	

Development Services Department
405 Biltmore Way, 3rd Floor
Coral Gables, Florida 33134



Tel: 305-460-5235
Fax: 305-460-5261
www.coralgables.com
applications@coralgables.com

CITY OF CORAL GABLES
DEVELOPMENT SERVICE DEPARTMENT
Permit Application

ALL OF THE FOLLOWING MUST BE COMPLETED BY APPLICANT ACCORDING TO FS 713.135

Date: 12-07-2020

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

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

Master Permit #:	
Sub Permit #:	
Project Information:	<input checked="" type="checkbox"/>
Commercial:	<input type="checkbox"/>
Residential:	<input checked="" type="checkbox"/>
Linear Feet: 50	<input checked="" type="checkbox"/>
Square Feet:	<input type="checkbox"/>
Cost of Work: \$17000	<input checked="" type="checkbox"/>

DESCRIPTION OF WORK (PRINT):
Installation of 50' x 6' H aluminum fence, horizontal style (Please see submitted plans)
Including one rolling gate and one single entry swinging gate. As well as two columns.

Job Address:
1405 Bird Road, Coral Gables FL 33146
Folio #: 03-4118-006-1070
Lot: 15 Block: 54
Subdivision: CORAL GABLES COUNTRY CLUB SEC 4
18 54 41 Plat book: 10-57 Page:

PROPERTY OWNER:
Name: Karim Amer
Address: 1405 Bird Road
City/State/Zip: Coral Gables FL 33146
Telephone No.: 718-249-9479
Email: karimamer@hotmail.com

CONTRACTOR COMPANY NAME: LLIZAN INC
Qualifier Name: Leonardo Cabrera
Address: 14921 SW 82nd Ter #210
City/State/Zip: Miami FL 33193
License No.: 13BS00513 Telephone No.: 786-768-697
Email: llizaninc@gmail.com

ARCHITECT:
Name:
Address:

ENGINEER:
Name:
Address:

BONDING:
Name:
Address:

MORTGAGE LENDER:
Name:
Address:

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES BOILERS, HEATERS TANKS, AND AIR CONDITIONERS, etc. **AFFIDAVIT OF OWNER/LESSEE/AUTHORIZED AGENT:** Under penalties of perjury and the City of Coral Gables False Claims and Presentations Ordinance, City Code Chapter 39, I certify that I am the owner or that I have the owner's full consent and authorization to sign this application to obtain a permit to perform the above-mentioned work; that all the foregoing information is accurate; and that all work will be done in compliance with all applicable laws regulating construction and zoning. **WARNING TO OWNER:** YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. **The Historical Resources & Cultural Arts Department's approval is required prior to the issuance of a demolition permit. The Qualifier cannot sign below as Owner/Lessee/Authorized Agent.**

Signature of Owner/Lessee/Authorized Agent:

Signature of Qualifier:

Owner/Lessee/Authorized Agent Name (Print):

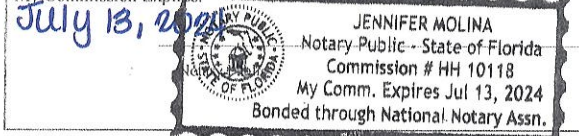
Qualifier Name (Print):

STATE OF FLORIDA)
ss)
COUNTY OF MIAMI-DADE)
Sworn to or affirmed and subscribed before me this 8 day of Dec. in the year 2020 by Karim Amer who has taken an oath and is personally known to me or has produced FL Driver's Lic as identification.

STATE OF FLORIDA)
ss)
COUNTY OF MIAMI-DADE)
Sworn to or affirmed and subscribed before me this 9th day of Dec. in the year 2020 by Leonardo Cabrera who has taken an oath and is personally known to me or has produced 166-570-77-441-0 as identification.

My Commission Expires:

My Commission Expires:



LLizan Inc.
14921 SW 82nd Ter # 3-210
Miami, FL 33193
786-768-6978
llizaninc@gmail.com

April 22, 2021

City of Coral Gables - Board of Architects
405 Biltmore Way, 3rd Floor
Coral Gables, FL 33134

RE: Process Number: BL-20-12-5613 1405 Bird Road
Fence and Piers design

Scope of work:

Erection of 50' x 6' high of horizontal design metal fence (aluminum), including one single entry gate 4' wide and one rolling gate 18' wide. (Please see submitted images and drawings for details) gates flanked by columns as required and approved by zoning.

Sincerely,
LLIZAN INC.



Mr. Leonardo Cabrera
President/Qualifier