



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: _____

Property/Project Name: _____

Legal description: Lot(s) _____

Block(s) _____ Section(s) _____

Folio No. _____

Owner(s): _____

Mailing Address: _____

Telephone: _____ Fax _____

Other _____ Email _____ @ _____

Architect(s)/Engineer(s)/Contractor(s): _____

Architect(s)/Engineer(s)/Contractor(s) Mailing Address: _____

Telephone: _____ Business _____ Fax _____

Other _____ Email _____ @ _____

Project Information

Project Description(s): _____

Estimated project cost*: _____

(*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

Agent/Owner Print Name: Albert I. Rodriguez		Agent/Owner Signature:	
Address: 1825 Ponce De Leon Blvd., Coral Gables, Florida 33134			
Telephone: 305-798-4066		Fax:	Email: dalimastudio@bellsouth.net
Digitally signed by Alberto Rodriguez DN: c=US, o=DALIMA STUDIO INC, ou=A01410C00000 1736C8FCF7500003 F6C, cn=Alberto Rodriguez Date: 2020.12.14 10:18:26 -05'00 		Architect(s)/Engineer(s)/Contractor(s) Print Name: Dalima Studio Address: same as above Telephone: Fax: Email:	
ARCHITECT'S/ENGINEER'S SEAL STATE OF FLORIDA) SS COUNTY OF MIAMI-DADE) Sworn to or affirmed and subscribed before me this <u>14</u> day of <u>DEC.</u> in the year 20 <u>20</u> by <u>ALBERT I. RODRIGUEZ</u> who has taken an oath and is personally known to me or has produced <u>N/A</u> as identification. My Commission Expires: <u>JUNE 25, 2021</u> 		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	

D A L I M A
S T U D I O
A R C H I T E C T U R E

February 15, 2021

Board of Architects
City of Coral Gables
Planning and Zoning Department

Re: Letter of Scope of Work:
The Nebreda Residence
4414 Granada Blvd.
Coral Gables, Florida 33146

To Whom It May Concern:

The scope of work covered under this application can be described as a Level 2 Residential Alteration and Additions. This work can be broken down as follows:

EXISTING 4,021 S.F., 1-STORY. CBS RESIDENCE SHALL RECEIVE LEVEL 2 MODIFICATIONS AND ADDITIONS AS DESCRIBED HEREIN AND OUTLINED AS FOLLOWS:

1. NEW ADDITIONS AT THE FRONT OF EXISTING RESIDENCE SHALL ADD 144 S.F. OF ADDITIONAL LIVING AREA IN (2) SEPARATE ADDITIONS. THESE SMALL ADDITIONS SHALL TAKE UNDER EXISTING ROOF AND THUS EXISTING ROOF IS TO REMAIN UNMODIFIED. THIS WORK SHALL REQUIRE SOME INTERIOR MODIFICATIONS AT FRONT OF HOUSE IMPACTED BY THIS WORK.
2. NEW 605 S.F. COVERED TERRACE ATTACHED TO REAR EXISTING CBS RESIDENCE.
3. NEW POOL AND POOL DECK AS DESCRIBED ON DRAWINGS PACKAGE SUBMITTED HERewith.

Respectfully,

Digitally signed by Alberto
Rodriguez
DN: cn=US, o=DALIMA STUDIO INC,
ou=A01410C000001736CBFCF750
0003F6C, cn=Alberto Rodriguez
Date: 2021.02.15 08:37:17 -05'00



Albert I. Rodriguez, Architect
Florida Registration No. 16282
Dalima Studio Architecture