



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: 1200 S. GREENWAY DR

Property/Project Name: BROOKS RESIDENCE

Legal description: Lot(s) 15 & 16

Block(s) 5 Section(s) E PB 8 / PG 13

Folio No. 03-4107-016-0700

Owner(s): MATTHEW AND MELISSA BROOKS

Mailing Address: 400 Alton Road, #1803, Miami Beach, FL 33139

Telephone: 919.451.5011

Fax

Other _____ Email mpbrooks @ bell/south.net

Architect(s)/Engineer(s)/Contractor(s): LOCUS ARCHITECTURE INC.

Architect(s)/Engineer(s)/Contractor(s) Mailing Address: 500 S. DIXIE HWY, STE 307, CG FL 33146

Telephone: _____ Business 305.740.0120 Fax 305.740.5798

Other _____ Email NEL@LOCUSARCHITECTURE.NET

Project Information

(+/- 616 SF DEMO) (+/- 1,576 SF NEW)

Project Description(s): DEMOL 1-STORY GARAGE, NEW 2-STORY BEDROOM WING, INTERIOR REMODEL, SITE IMPROVEMENTS & NEW MOTOR COURT.

Estimated project cost*: \$615,000.00

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

Date(s) of Previous Submittal(s) and Action(s): N/A



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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: MATTHEW BROOKS	Agent/Owner Signature:
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Address: 400 Alton Road, #1803, Miami Beach, FL 33139

Telephone: 919-451-5011

Fax:

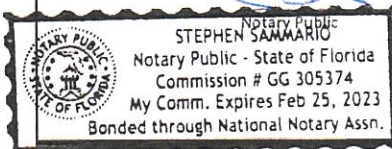
Email: mpbrooks@bellsouth.net

ARCHITECT'S/ENGINEER'S SEAL	Architect(s)/Engineer(s)/Contractor(s) Print Name: NELSON de LEON, AIA	Architect(s)/Engineer(s)/Contractor(s) Signature: 	
	Address: 500 S. DIXIE Hwy. STE 307		
	CORAL GABLES, FL 33146		
	Telephone: 305.740.0120		Fax:
	Email: NEL@LOCUSARCHITECTURE.NET		

STATE OF FLORIDA)
SS
COUNTY OF MIAMI-DADE)

Sworn to or affirmed and subscribed before me this 24 day of Aug in the year 2020 by MATTHEW BROOKS who has taken an oath and is personally known to me or has produced as identification.

My Commission Expires: FEB 25, 2023



STATE OF FLORIDA)
SS
COUNTY OF MIAMI-DADE)

Sworn to or affirmed and subscribed before me this 25 day of Aug in the year 2020 by Nelson de Leon who has taken an oath and is personally known to me or has produced as identification.

My Commission Expires: Samantha Lucas Arce



Samantha Lucas Arce
Comm. # GG345081
Expires: June 13, 2023
Bonded Thru Aaron Notary