



Board of Architects Review Application

Phone: 305.460.5238

Email: boardofarchitects@coralgables.com

Application Request

AB20166404 20-1870

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: NE Corner of Ponce de Leon Blvd & Merrick Drive

Property/Project Name: FPL University Substation

Legal description: Lot(s) UNIVERSITY OF MIAMI MAIN CAMPUS PB 46-81

Block(s) Section(s)

Folio No. 03-4130-015-0100

Owner(s): University of Miami

Mailing Address: 1535 Levante Avenue, Coral Gables, FL 33146

Telephone: 305-284-4706 Fax 305-284-5484

Other Email irivera @ miami.edu

Architect(s)/Engineer(s)/Contractor(s): Robert Eveyln/ Evelyn + Roux Architects

Architect(s)/Engineer(s)/Contractor(s) Mailing Address: 4854 SW 72nd Ave, Miami, FL 33315

Telephone: Business (305) 443-8116 Fax

Other Email revelyn @ rouxarchitect.com

Project Information

Project Description(s): Walls to consist of 8" precast panels, with light sandblasted finish welded to tapered columns by recessed interior metal plates.

Panels will have 1/2" recessed landscape motif patterns cast into the concrete.

Estimated project cost*: \$5,000.000.00

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

Date(s) of Previous Submittal(s) and Action(s):



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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: Christopher Blair		Agent/Owner Signature:	
Address: 1535 Levante Avenue, Coral Gables, FL 33146			
Telephone: 305-2846951		Fax: 305-284-5484	
		Email: c.blair1@miami.edu	
	Architect(s)/Engineer(s)/Contractor(s) Print Name: Robert John Evelyn -Architect		Architect(s)/Engineer(s)/Contractor(s) Signature:
	Address:		
	4854 SW 72nd Ave, Miami, 33155		
	Telephone: 305-443-8116		Fax:
	Email: revelyn@rouxarchitect.com		
STATE OF FLORIDA) SS COUNTY OF MIAMI-DADE) Sworn to or affirmed and subscribed before me this <u>24</u> day of <u>Sept</u> in the year 20 <u>20</u> by <u>Christopher Blair</u> who has taken an oath and is personally known to me or has produced as identification. My Commission Expires:		STATE OF FLORIDA) SS COUNTY OF MIAMI-DADE) Sworn to or affirmed and subscribed before me this <u>24</u> day of <u>Sept</u> in the year 20 <u>20</u> by <u>Robert Evelyn</u> who has taken an oath and is personally known to me or has produced as identification. My Commission Expires:	