



## **Board of Architects Review Application**

Phone: 305.460.5238 Email: boardofarchitects@coralgables.com

Application Request										
The undersigned Agent/Owner request(s) Board of Archit (Choose one (1) from Section #1 and choose all applicable		ng applicati	ion(s):							
1. New Building OR	Alterations / Additions	OR 🗌	Color Palette Review							
2. Preliminary Approval	2. Preliminary Approval									
	Coral Gables Mediterranean Style Design Standards Bonus Approval									
Final Approval										
Property Information										
Street Address of the Subject Property: 5125 Orduna I	Orive, Coral Gables,	FI.								
Property/Project Name: Renovations to Residence at 5125 Orduna Drive										
Legal description: Lot(s) 22 and 23										
Block(s) 42 Section	n(s) Coral Gables Rivi	era Sect	ion 3 PB 28/44							
Folio No. 03-4119-004-0020		<del>.</del> .								
Owner(s): Manuel Chamizo III										
	AL CARLEC EL C	0440								
Mailing Address: 4915 ORDUNA DR. COR	AL GABLES, FL 3	33146								
Telephone: (786) 486-6655	Fax									
Other	Email flacommercial @gmail.com									
Architect(s)/Engineer(s)/Contractor(s): J. Antonio Ro	odriguez-Tellahed	he								
Architect(s)/Engineer(s)/Contractor(s) Mailing Address: 24			-B, Doral, Fl 33142							
Telephone: 786 260 4265 Business	Fax	Fax								
Other	<sub>Email</sub> Trodrig	uez	@Rodtell.com							
ProjectInformation			,							
Project Description(s): Interior and exterior alterations. A		534 sf, plu	us 60 sf of covered							
entry and 116 sf of rear covered terrac	е.									
Estimated project cost*: \$78,000.00	and the state of t									
(*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:

- 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.
- 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 A	FFIRMA	TION/CONSENT IS	REQUIRED			
Agent/Owner Print Name:			Agent/Owne	er Sig	nati	ire:
J. Antonio Rodriguez-Tellaheche					nu C 11- Le	
Address: 2441 NW 93 Ave	Suite 104-B	, Doral, F	lori	da	33172	
Telephone: (786) 260-4265 Fax:		Fax:		Em	ail: 🏻	Rodriguez@Rodtell.com
	Architect(s)/Engineer(s)/Contractor(s) A Print Name: J. Antonio Rodriguez-Tellaheche			Arc	hite	ct(s)/Engineer(s)/Contractor(s) Signature:
	Address:					
	2441 NW 93 Avenue, Suite 104-B, Doral, Florida 33172					
	Telephone: (786) 260-4265 Fax:					
ARCHITECT'S/ENGINEER'S SEAL	Email: TRodriguez@Rodtell.com					
STATE OF FLORIDA )  SS  COUNTY OF MIAMI-DADE )  Sworn to or affirmed and subscribed before me this day of the year 2020 by han A. Lock is all years and who has taken an		STATE OF FLORIDA ) ss COUNTY OF MIAMI-DADE ) Sworn to or affirmed and subscribed before me this day of, in the				
the year 2020 by han A loadigue 7 who has taken an oath and is personally known to mg or has produced as identification.		year 20 bywho has taken an oath and is personally known to me or has produced as identification.				
My Commission Expites 419 2 AMARILYS WOOD  AMARILYS WOOD  EXPIRES April 09, 2021		My Commission E	expires		ry Public	



November 20, 2020

City of Coral Gables Board of Architects 405 Biltmore Way Coral Gables, Florida 33134

Re: STATEMENT OF ARCHITECTURAL STYLE

5125 Orduna Drive Coral Gables, Florida

To Whom It May Concern:

The architectural style proposed is a Mid-Century Modern, typical of the surrounding neighborhood.

Sincerely

Tony Rodriguez-Tellaheche< Architect

Lic. AR93998