

# **Board of Architects Review Application**

Phone: 305.460.5238 Email: boardofarchitects@coralgables.com

Application R	e q u e	est									
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.	$\checkmark$	New Building	OR 🗌	Alteratio	ns / Additions	OR		Color Palette Review			
2.	Preliminary Approval Coral Gables Mediterranean Style Design Standards Bonus Approval Final Approval										
Property Info											
Street Address of the Subject Property: 1345 Sunset Drive, Coral Gables, FL 33143											
Property/Project Name: Coral Gables Fire House 4											
Legal description: Lot(s) 6 and 19, and the west 25 feet of lots 7 and 18											
Block(s) 219	Section(s) second revised plat of Coral Gables Riviera Section Part 14										
Folio No											
Owner(s): City of Co	ral Ga	ables / Ernes	sto Pino								
Mailing Address: Publ	ic Wo	rks Dept. / 4	520 Pon	ce de Leo	n Blvd, Cora	al Ga	bles,	FL 33146			
Telephone: 305-460-	5004			F	эх						
Other	er				<sub>mail</sub> epino		_ <sub>@</sub> coralgables.com				
Architect(s)/Engineer(s	/Contr	actor(s): Alleg	juez Arch	itecture, I	nc.						
Architect(s)/Engineer(s)/Contractor(s): Alleguez Architecture, Inc.  Architect(s)/Engineer(s)/Contractor(s) Mailing Address: 7294 SW 48th Street, Miami, FI 33155											
Telephone: 305-281-2831 Business 305-461-4001 X113 Fax 305-461-6002											
Other					<sub>mail</sub> ana			@_alleguezarchitectcure.com			
Project Infor	nati	o n									
Project Description(s):	New 3	3-story, 2 Bay	/ Fire Hou	se							
Estimated project cost*	. \$2.7	'00.000.									
(*Estimated cost shall k	e +/- 1	0% of actual co	st)								
Date(s) of Previous Submittal(s) and Action(s): none											



# 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

	NOTE: ONE SIGNATORE OF ALTRIMATION CONSERVED REQUIRED										
Agent/Owner Print Name: Ernes	no	Agent/Owner Signature:									
Address: Public Works Dept	. / 45	20 Ponce de	Leon Blvd, Coral Gables, FL 33146								
Telephone: 305-460-5004		Fax:			Email: epino@coralgables.com						
1	Architect(s)/Engineer(s)/Contractor(s Print Name: Ana Alleguez, RA			Architect(s)/Engineer(s)/Contractor(s) Signature:							
4.5	Address:										
AR0014190	7294 SW 48t				n ST, Miami, FL 33155						
	Teleph	one: 305-461-4	001 X113		Fax: 305-461-6002						
ARCHITECT'S/ENGINEER'S SEAL	Email:	ana@allegu	ezarchite	cture.com							
STATE OF FLORIDA )			STATE OF FLORIDA )								
ss COUNTY OF MIAMI-DADE )		county of Miami-dade )									
Sworn to or affirmed and subscribed before me to the year 20 by UDICE	his 26 2 wh	day of taken an	Sworn to or affirmed and subscribed before me this day of, in the who has taken an oath								
oath and is personally known to me or has produced as identification.  and is personally known to me or has produced as identification.											
My Commission Expires:  My Commission Expires:											
Notary Public	= Z:3	#GG 363337	*		Notary Public						
	TO THE PARTY OF TH	o blic Underwise									
THE COLUMN											

# ALLEGUEZ ARCHITECTURE, INC.



ARCHITECTURE

INTERIOR DESIGN

PLANNING

CONSTRUCTION MANAGMENT

May 26, 2021

## <u>LETTER OF INTENT – ARCHITECTURAL STATEMENT</u>

**Project RE:** 

Fire House No. 4; New Construction 1345 Sunset Drive, Coral Gables, FL 33143

This statement will serve to attest to the best of my knowledge that the design on the aforementioned project is unique and not a replica of something that already exists.

Prepared by:

Ana Alleguez RA / AR14190