

Board of Architects Review Application

Phone: 305.460.5238 Email: boardofarchitects@coralgables.com

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The undersigned (Choose one (1) f								ng ap	plication	on(s):
	1.		New Building	OR	V	Alterations /	'Additions	OR		Color Palette Review
	2.	V	Preliminary Ap	prova	ال ال					
			Coral Gables M		erranea	an Style Design	Standards	Bonus	Appro	val
			Final Approval						Į Ė	
Property I							Ka in The			
Street Address of	the Su	bject P	roperty: 1434	Sop	era A	Avenue, Co	ral Gable	s, Fl	_ 331	34
Property/Project	Name:									
Legal description:	Lot(s)	Cora	al Gables (Cou	ntry	Club Sec	4 PB 10)-57	Lot	s 3 & 4
Block(s) 54					Section	n(s)4				
Folio No. 03-41	18-0	06-1	010		6 6		3-			
Owner(s): Doug	alas	& Fli	zabeth Ste	ein						
					0000	l Cablas	FL 224	24		
Mailing Address:		VI		ie, c	Jora	ii Gables,	FL 331	34		
Telephone: 305	-662	-411	8	- 4	-	Fax				
Other 305-206	6-150)5				Emai	ers931	3		_@ aol.com
Architect(s)/Engir	neer(s),	/Contra	octor(s): Debo	owsl	ky D	esign Gro	oup			
								eet,	Mia	mi, FL 33134
Telephone:			Business _	305	5-495	5-2751	Fax			
Other						Emai	stuart			@debowsky.com
Projectin	form	natio	n							
Project Description	n(s): <u>A</u>	idding	smaster bed	troo	m su	ite Ju	0 5	DR.	1	ABRITION
Estimated project					t to	estimate r	eceived	i, no	ot ye	t finalized
(*Estimated cost	shall be	e +/- 10	% of actual cost	:)						
Date(s) of Previou	ıs Subn	nittal(s	and Action(s):	N/A		-			a ed la	



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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

NOTE: ONE! ONE SIGNATURE OR !	7 7 30	THOM, CONSERT IS						
Agent/Owner Print Name:	ıglas	H. Stein	Agent/Own	ar Signature:				
Address: 1434 Sopera Av	enue,	Coral Gable	es, FL 33	134				
Telephone: 305-662-4118		Fax:		Email:rengokai@aol.com				
	Print N	ect(s)/Engineer(s)/ ame: Debowsky	Contractor(s)	Architect(s)/Engineer(s)/Contractor(s) Signature:				
	Addres	s:						
	438	84 S.W.	13th S	treet, Miami, FL 33134				
	Teleph	one:305-495-	2751	Fax:				
ARCHITECT'S/ENGINEER'S SEAL	Email:	stuart@debo	owsky.cor	n				
STATE OF FLORIDA ss COUNTY OF MIAMI-DADE Sworn to or affirmed and subscribed before me the year 201 by oath and is personally known to me or has proas identification. My Commission Expires: Notary Public - State Commission # H My Comm. Expires Bonded through National	STRONG te of Florida H 004006 Feb 25, 2023	o has taken an	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					



May 25, 2021

Coral Gables Building Department Coral Gables City Hall 405 Biltmore Way Coral Gables, FL 33134

RE: Stein Residence - AB-21-02-6324

To Whom It May Concern:

I am writing today regarding the BOA submission for the aforementioned project as the Architect of Record. Please note that we have provided the client with electronic copies of the documents. We have also provided the client with new 24 x 36 original (paper) copies that are signed/sealed. The digitally submitted drawings replicates the physically signed and sealed set. Both sets represent the same information for the BOA compliance and initial material review.

Although we are not submitting a "sample board" for discussion, this is an addition to an existing home. The project scope is a 2-story addition to include a main suite and additional bedroom, a new study, an alteration to the front porch, and reconfiguration to the pool and patio.

Lastly, please note that we are adding this new structure to the rear of the property. The submission includes a tree survey depicting 2 trees that will be affected as documented on the attached plans. The thumb drive/flash drive should verify all that you need for the submission.

Respectfully,

Stuart M. Debowsky, AIA, LEED AP, BD+C®

Principal, Debowsky Design Group, P.A.

cc: Elizabeth and Doug Stein

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