

AB20106235



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
2. ☒ Preliminary Approval
- ☐ Coral Gables Mediterranean Style Design Standards Bonus Approval
- ☐ Final Approval

Property Information

Street Address of the Subject Property: 4120 University Drive Coral Gables, FL 33146

Property/Project Name: Souto Residence

Legal description: Lot(s) portion of Lot 10 & portion of Lot 9

Block(s) 97 Section(s) Coral Gables Country Club Section Part 5

Folio No. 03-4119-001-4470

Owner(s): Nicolas Alejandro Souto

Mailing Address:

Telephone: (305) 213-6420

Fax

Other

Email

@

Architect(s)/Engineer(s): Studio Anda

Architect(s)/Engineer(s) Mailing Address:

Telephone: Business 786-797-4428

Fax

Other 214-708-7454

Email

andrea

@

studioanda.com

Project Information

Project Description(s): 2 story single family residence of a total of = 4,710 sq. ft.

Estimated project cost*: \$1 million

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

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

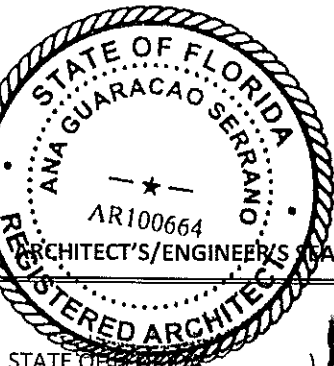
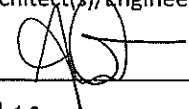
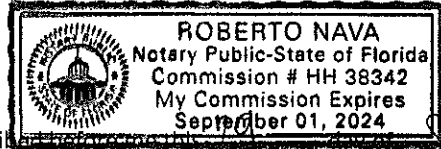
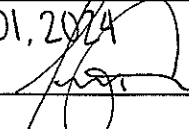
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Applicant/Owner/Architect/Engineer Affirmation and Consent

(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/Contractor Print Name:		Agent/Owner/Contractor Signature:			
Address:					
Telephone:		Fax:	Email:		
		Architect(s)/Engineer(s) Print Name: <u>Ana Guaracao Serrano</u>		Architect(s)/Engineer(s) Signature: 	
		Address: <u>1800 N Bayshore Dr. #402</u>			
		<u>Miami, FL 33132</u>			
		Telephone: <u>(214) 708-7454</u>		Fax:	
		Email:			
NOTARIZATION					
STATE OF FLORIDA COUNTY OF MIAMI-DADE					
Sworn to or affirm and subscribed before me this <u>1st</u> day of <u>September</u> , in the year 20 <u>20</u>					
by <u>Ana Guaracao Serrano</u> who has taken an oath and is personally known to					
me or has produced <u>Driver's License - G622-013-92-706-0</u> as identification.					
My Commission Expires: <u>September 01, 2024</u>					
 Notary Public		<u>Roberto Nava</u>			