



# Board of Architects Review Application



04

Phone: 305.460.5245

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 OR ☐ Color Palette Review
2. ☒ Preliminary Approval
- ☐ Coral Gables Mediterranean Style Design Standards Bonus Approval
- ☐ Final Approval

AB-21-07-7854

## Property Information

Street Address of the Subject Property: 9330 GALLARDO ST. CORAL GABLES, FL 33156

Property/Project Name: VILLOLDO RESIDENCE

Legal description: Lot(s) OLD OUTLER BAY SEC 3 PB 81-31 LOT 5 BLK 3

Block(s) BLK 3

Section(s) SEC 3

Folio No. 03-5105-007-0020

Owner(s): RAFAEL VILLOLDO, CRISTINA VILLOLDO

Mailing Address: 371 ISLA DORADA BLVD, CORAL GABLES, FL 33143

Telephone: (305) 778-3005

Fax

Other

Email RV@DSTLLC.COM

Architect(s)/Engineer(s)/Contractor(s): STUDIO ANDA

Architect(s)/Engineer(s)/Contractor(s) Mailing Address: 5900 SW 11TH ST. MIAMI, FL 33156

Telephone: (786) 797-4428

Business STUDIO ANDA

Fax

Other

Email ANDREA@STUDIOANDA.CO

## Project Information

Project Description(s): NEW SINGLE FAMILY RESIDENCE

PROPOSED 8,700 SF - 6 BEDROOMS, 2 BATHS

Estimated project cost\*: \$1,750,000

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

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



## 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**

Agent/Owner Print Name: <b>ANDREA KEBULL</b>		Agent/Owner Signature: 	
Address: <b>5900 SW 111<sup>TH</sup> ST.</b>			
Telephone: <b>(786) 797-4428</b>		Fax:	Email: <b>ANDREA@STUDIO ANDA.COM</b>
<b>ARCHITECT'S/ENGINEER'S SEAL</b>	Architect(s)/Engineer(s)/Contractor(s) Print Name: <b>Ana Guaracao</b>		Architect(s)/Engineer(s)/Contractor(s) Signature: 
	Address: <b>1800 N. Bayshore Drive #402</b>		
	Telephone: <b>(214) 708 7454</b>		Fax:
	Email: <b>ana@studioanda.com</b>		
STATE OF FLORIDA ) SS COUNTY OF MIAMI-DADE )  Sworn to or affirmed and subscribed before me this <u>08</u> day of <u>03</u> in the year 20 <u>11</u> by <u>Andrea Kebull</u> who has taken an oath and is personally known to me or has produced <u>Driver's License</u> as identification.  My Commission Expires: <u>June 21, 2012</u>   Notary Public		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	

SEBASTIAN ENRIQUE RAMOS  
Notary Public - State of Florida  
Commission # GG 231092  
My Comm. Expires Jun 21, 2012  
Bonded through National Notary Assn.



**Villoldo Residence**  
**9330 Gallardo Street**  
**Coral Gables, FL 33156**

Letter of Intent

The Villoldo Residence, located at 9330 Gallardo Street, is a unique design for a single-family residence located in Old Cutler Bay, which takes into consideration the fabric and scale of the existing homes in the community. We believe the Villoldo Residence will be a great addition to the city and respectfully request your consideration of this submittal.