



Board of Architects Review Application



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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

Property Information

Street Address of the Subject Property: 838 MILAN AVENUE

Property/Project Name: KRAKE-WILSON RENOVATION AND EXPANSION

Legal description: Lot(s) LOTS 1 & 2 & W1/2 LOT 3

Block(s) BLOCK 9 Section(s) CORAL GABLES GRANADA SEC REV PB 8-113

Folio No. 03-4107-018-1390

Owner(s): THOMAS A KRAKE TRS / THOMAS A KRAKE LIVING TRUST

Mailing Address: 838 MILAN AVENUE CORAL GABLES, FL 33134

Telephone: (317) 997-0786

Fax

Other Email takrake@gmail.com

Architect(s)/Engineer(s)/Contractor(s): MARGARET SERRATO dba MS DESIGN STUDIO

Architect(s)/Engineer(s)/Contractor(s) Mailing Address: 700 BILTMORE WAY #308 CORAL GABLES FL 33134

Telephone: 404-542-2650

Business

Fax

Other Email mserrato@mac.com

Project Information

Project Description(s): INTERIOR RENOVATION CONSISTING OF NEW KITCHEN CABINETS AND APPLIANCES.

Estimated project cost*: \$300,000.

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

EXPANSION OF EXTERIOR WALLS TO ENLARGE BEDROOMS AND BATHROOMS.

ADDITION TO EXISTING GARAGE TO CREATE OUTDOOR KITCHEN AREA AND CABANA BATH.

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

N/A

INSTALLATION OF NEW WALLS AND GATES AT POOL.

INSTALLATION OF NEW SPA POOL ADJACENT TO EXISTING POOL

772 SQ FT EXPANSION



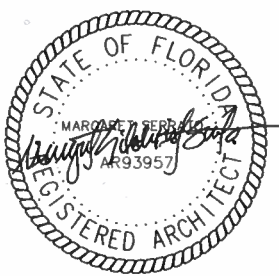
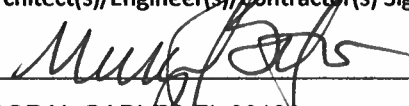
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Applicant/Owner/Architect/Engineer Affirmation and Consent

(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 Print Name:		Agent/Owner Signature:	
Address:			
Telephone:		Fax:	Email:
 <p>ARCHITECT'S/ENGINEER'S SEAL</p>	Architect(s)/Engineer(s)/Contractor(s) Print Name: MARGARET SERRATO		
	Architect(s)/Engineer(s)/Contractor(s) Signature: 		
	Address: 700 BILTMORE WAY #308 CORAL GABLES FL 33134		
	Telephone: 404-542-2650 Fax:		
Email: mserrato@mac.com			

STATE OF FLORIDA) SS COUNTY OF MIAMI-DADE) I, JACQUELINE RODRIGUEZ Commission # GG 235507 Expires July 1, 2022 Sworn to or affirmed before me this 21 day of July , in the year 20 21 by Margaret Serrato who has taken an oath and is personally known to me or has produced known as identification. My Commission Expires: _____ 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 _____
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Margaret Gilchrist Serrato, Architect
MS Design Studio
700 Biltmore Way
David William 308
Coral Gables, FL 33134

17 August 2021

City of Coral Gables
Development Services – Board of Architects

Subject: Scope of Work for 838 Milan Avenue, Coral Gables FL 33134

1. Interior renovation consisting of new kitchen cabinets and appliances.
2. Expansion of exterior walls to enlarge bedrooms and bathrooms.
3. Addition to garage to create outdoor kitchen area and cabana bath.
4. Installation of new walls and gates at pool and open patio.
5. Installation of new spa pool adjacent to existing pool.

The proposed addition to the residence will use massing, roof size and materials, windows, and exterior stucco details that match existing.

The architect certifies that the design of the proposed expansion is an original design and is not a duplicate of an existing building.

Most sincerely,

Margaret Gilchrist Serrato

Margaret Gilchrist Serrato, Architect
AR93957 (FL)