



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

Property Information Biltmore Villas

Street Address of the Subject Property: 2600 Cardena St. Unit PH1, PH2, PH3, PH4 Coral Gables, FL 33134

Property/Project Name: Balcony window infill approval for PH1, PH2, PH3 & PH4

Legal description: Lot(s) BILTMORE COURT VILLAS CONDO

Block(s) _____ Section(s) _____

Folio No. 03-4117-031-0180

Owner(s): Jianping Wu

Mailing Address: 2600 Cardena St. PH2 Coral Gables, FL 3313478

Telephone: 786-241-8154 Fax _____

Other _____ Email trista9399 @ gmail.com

Architect(s)/Engineer(s)/Contractor(s): Precision Art Corp.

Architect(s)/Engineer(s)/Contractor(s) Mailing Address: 777 NE 62nd St. C412 Miami, FL 33138

Telephone: 786-325-7755 Business 305-456-6759 Fax _____

Other _____ Email corey @ precisionartdesign.com

Project Information

Project Description(s): Replace 4 windows in balcony with new impact resistant windows to match existing

Estimated project cost*: @ \$8,000 per window. Total 4 windows in PH1, PH2, PH3 & PH = @ \$32,000

(*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:

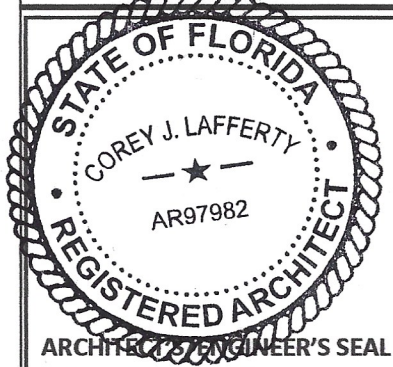
1. This request, application, application supporting materials and all future supporting materials complies with all provisions and regulations of the Zoning Code, Comprehensive Plan and Code of Ordinances of the City of Coral Gables unless identified and approved as a part of this application request 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.

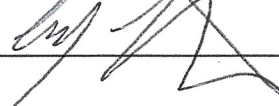
NOTE: ONLY ONE SIGNATURE OR AFFIRMATION/CONSENT IS REQUIRED

Agent/Owner Print Name: Jianping Wu	Agent/Owner Signature: 
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Address: 2600 Cardena st, PH2, Coral Gables, FL 33134		
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Telephone: 7862418154	Fax:	Email: Trista9399@gmail.com
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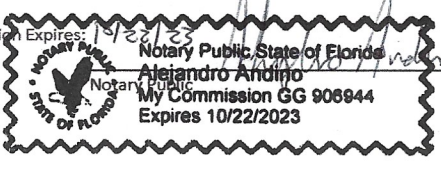
Architect(s)/Engineer(s)/Contractor(s) Print Name: Corey Lafferty	Architect(s)/Engineer(s)/Contractor(s) Signature: 
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Address:	
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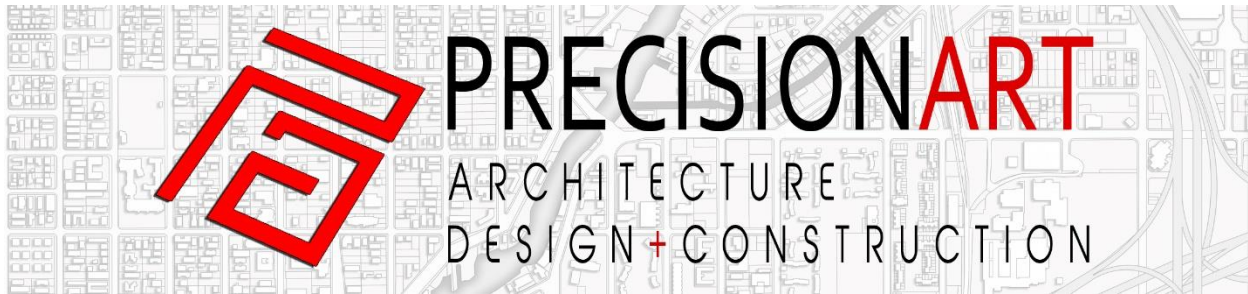
777 NE 62nd St. C412 Miami, FL 33138	
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Telephone: 786-325-7755	Fax:
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Email: corey@precisionartdesign.com	
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STATE OF FLORIDA) SS COUNTY OF MIAMI-DADE) Sworn to or affirmed and subscribed before me this <u>17th</u> day of <u>August</u> in the year 20 <u>21</u> by <u>Corey Lafferty</u> who has taken an oath and is personally known to me or has produced _____ as identification. My Commission Expires: <u>10/22/23</u> 
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STATE OF FLORIDA) SS COUNTY OF MIAMI-DADE) Sworn to or affirmed and subscribed before me this <u>17th</u> day of <u>August</u> in the year 20 <u>21</u> by <u>Jianping Wu</u> who has taken an oath and is personally known to me or has produced <u>DL # FL W800-420-67245</u> as identification. My Commission Expires: <u>10/22/23</u> 
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www.PRECISIONARTDESIGN.com

August 19, 2021

Board of Architects
Development Services
City of Coral Gables
405 Biltmore Way
Coral Gables, FL 33134

RE: Biltmore Villa balcony window enclosures

Dear Trista,

This project is to gain approval for four (4) balcony window enclosures at the Biltmore Villa located at 2600 Cardena St. Coral Gables, FL 33134, for units PH1 and PH2 PH3 & PH4. These four (4) balconies currently have windows enclosing them that were installed shortly after the building was completed in 1982. Although these windows do match the building windows and style, they were not permitted. the owners are requesting to remove the existing windows and replace them with impact-resistant windows of the same style and color to conform with existing conditions.

As can be seen with presented elevations, floor plans, renderings, and specifications, the new impact windows relacing the existing window will conform to the existing conditions of the building. Therefore, on behalf of the owners of PH1, PH2, PH3 & PH4, I request approval to replace these windows, conforming to continue existing style and color while increasing the building safety with impact windows. I can be reached at 786-325-7755 to answer any questions about this project.

Sincerely,

Corey J. Lafferty AIA, CGC, LEED AP+NC
Precision Art Corp. – President
LIC # AR97982 / CGC1520521
P: (786) 325-7755
E: corey@precisionartdesign.com
www.precisionartdesign.com

DESIGN . ART . BUILD

9822 NE 2nd Avenue Suite #1 Miami Shores, FL 33138 OFFICE: 305.456.6759
LIC # AR 97982 / CGC 1520521

1 of 1

BILTMORE COURT VILLAS CONDOMINIUM ASSOCIATION

ARCHITECTURAL MODIFICATION REQUEST FORM

Unit No. PH-1

Owner's Name: Gregory Hamra

Address: 2600 Cardena St, PH1, Coral Gables, FL 33134

Phone number: 305-310-4169

Email: greghamra@gmail.com

In order to process this application, the following must be included:

1. Sketch of proposed modifications,
2. Appropriate drawings showing both a plan view and an elevation,
3. Specifications of the proposed modifications (color, style, etc.)
4. Contractors Name, Address, Phone number and License #.

Approval is hereby requested to make the following modification(s), alteration(s) or addition(s) as described below (attach additional pages if needed):

Replacement of existing windows at enclosed balcony of Unit PH-1 with impact resistant windows.

Owner's Signature: Gregory Hamra Date: August 11, 2021

FOR BOARD OF DIRECTORS USE ONLY

Date received: 8/12/2021 Date approved: ~~XXXXXXXX~~ 8/13/2021

Approved: ☒ Your approval is subject to the following:

- You are responsible for obtaining any necessary permits from the City of Coral Gables Building Dept.
- You are responsible for any damage done to common elements during construction.
- All construction debris must be removed within 48 hours of completion.

Disapproved: ☐ Explanation: _____

BOARD OF DIRECTORS (Signed) James Lloyd -President

ARCHITECTURAL MODIFICATION REQUEST FORM

Email: Trista9399@gmail.com

BOARD OF DIRECTORS (Signed) *James Lloyd* - President

BILTMORE COURT VILLAS CONDOMINIUM ASSOCIATION

ARCHITECTURAL MODIFICATION REQUEST FORM

Unit No. PH3

Owner's Name: CARLOS CABAL

Address: 2600 CARDENA ST, PH3, CORAL GABLES, FL 33134

Phone number: 786-556-9535

Email: CABALCD@YAHOO.COM

In order to process this application, the following must be included:

1. Sketch of proposed modifications,
2. Appropriate drawings showing both a plan view and an elevation,
3. Specifications of the proposed modifications (color, style, etc.)
4. Contractors Name, Address, Phone number and License #.

Approval is hereby requested to make the following modification(s), alteration(s) or addition(s) as described below (attach additional pages if needed):

REPLACEMENT OF EXISTING WINDOWS AT THE ENCLOSED
BALCONY OF PH3 WITH IMPACT-RESISTANT WINDOWS

Owner's Signature: _____

Date: 8/11/21

FOR BOARD OF DIRECTORS USE ONLY

Date received: 08/12/2021 Date approved/disapproved: 08/12/2021

Approved: X Your approval is subject to the following:

- You are responsible for obtaining any necessary permits from the City of Coral Gables Building Dept.
- You are responsible for any damage done to common elements during construction.
- All construction debris must be removed within 48 hours of completion.

Disapproved: _____ **Explanation:** _____

BOARD OF DIRECTORS (Signed) _____

James Lloyd

-President

ARCHITECTURAL MODIFICATION REQUEST FORM

Email: jxp350@gmail.com

BOARD OF DIRECTORS (Signed) James Lloyd - President