



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: 1228 THEO DICKINSON DR

Property/Project Name: University of Miami Main Campus/ New Theater Arts Building

Legal description: Lot(s) Amended Plat Portion of Main Campus University of Miami

Block(s) TR.1, Plat Book 42, Pg 81

Section(s) _____

Folio No. _____

Owner(s): University of Miami

Mailing Address: 1535 Levante Avenue, Suite 205, Coral Gables, Florida 33146

Telephone: 305.284.9891

Fax _____

Other _____

Email jcandela@miami.edu

Architect(s)/Engineer(s)/Contractor(s): Mateu Architecture, Inc.

Architect(s)/Engineer(s)/Contractor(s) Mailing Address: 8887 SW 131 ST, Miami, FL 33176

Telephone: 305.233.3304

Business _____

Fax 305.233.3326

Other _____

Email amr@mateu.co

Project Information

Project Description(s): A new Theater Arts Building with a Black Box and teaching classrooms of approximately 15,000 square feet for the Main Campus University of Miami.

Estimated project cost*: \$4,500,000.00

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

Date(s) of Previous Submittal(s) and Action(s): N/A



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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: Jessica Brumley		Agent/Owner Signature: 	
Address: 1535 Levante Ave, Coral Gables, FL 33146			
Telephone: 305-284 5506	Fax:	Email: jbrumley@miami.edu	
		Architect(s)/Engineer(s)/Contractor(s) Print Name: Roney J. Mateu, FAIA	
		Architect(s)/Engineer(s)/Contractor(s) Signature:	
		Address: 8887 SW 131 Street,	
		Miami, FL 33176	
		Telephone: 305.233.3304	Fax:
Email: rjm@mateu.co			
STATE OF FLORIDA) SS COUNTY OF MIAMI-DADE) Sworn to or affirmed and subscribed before me this <u>2</u> day of <u>August</u> in the year 20 <u>21</u> by <u>Roney J. Mateu</u> who has taken an oath and is personally known to me or has produced <u>KNOWN</u> as identification. <u>5/31/24</u> My Commission Expires: <u>Jillian Rio</u> <u>8/2/21</u> Notary Public <u>JILLIAN RIO</u> 		STATE OF FLORIDA) SS COUNTY OF MIAMI-DADE) Sworn to or affirmed and subscribed before me this <u>3</u> day of <u>Aug</u> in the year 20 <u>21</u> by <u>Jessica Brumley</u> who has taken an oath and is personally known to me or has produced <u>KNOWN</u> as identification. My Commission Expires: <u>10/25/24</u> Notary Public <u>Lisa Rodriguez</u> 	