



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

Property Information

Street Address of the Subject Property: 1364 Alegriano Avenue

Property/Project Name: Alegriano Residence

Legal description: Lot(s) CORAL GABLES COUNTRY CLUB LOTS 1 THRU 4

Block(s) BLK 92 Section(s) SEC 5 PB 23-55

Folio No. 03-4119-001-3450

Owner(s): Alegriano LLC c/o Denise Estefan or Lola Suero

Mailing Address: 1172 South Dixie Hwy #116 Coral Gables, FL 33146

Telephone: 786-683-7616

Fax _____

Other _____

Email _____

Architect(s)/Engineer(s)/Contractor(s): Dulce M. Conde

Architect(s)/Engineer(s)/Contractor(s) Mailing Address: 11410 N. KENDALL DRIVE, SUITE 208 MIAMI Florida 33176

Telephone: 305-552-4907

Business 305-740-6948

Fax _____

Other _____

Email d@sdcollaborative.com

Project Information

Project Description(s): Design Changes since previous board approval, scope of work (interior/ exterior addition and remodel), new gazebo and swimming pool. Principle building area 5,997 sq ft.

Estimated project cost*: \$600,000.00

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

Date(s) of Previous Submittal(s) and Action(s): 06/21/2018 Preliminary Board Approval



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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: <u>LOLA C. SUERO</u>		Agent/Owner Signature: 	
Address: <u>1172 S. DIXIE Hwy #116</u>			
Telephone: <u>786 683 7616</u>		Fax:	Email: <u>LOLA@DELOLAREALESTATE.COM</u>
ARCHITECT'S/ENGINEER'S SEAL	Architect(s)/Engineer(s)/Contractor(s) Print Name:		Architect(s)/Engineer(s)/Contractor(s) Signature:
	Address:		
	Telephone:		
	Fax:		
Email:			
STATE OF FLORIDA) SS COUNTY OF MIAMI-DADE) Sworn to or affirmed and subscribed before me this <u>15</u> day of <u>06</u> , in the year 20 <u>21</u> by <u>LOLA C. SUERO</u> who has taken an oath and is personally known to me or has produced _____ as identification. My Commission Expires: <u>11/17/2024</u> Notary <u>Jonathan A. Bodan</u> Comm. #HH060203 Expires: Nov. 17, 2024 Bonded Thru Aaron Notary		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	



July 26, 2021

Re: Alegriano Residence 1364 Alegriano

To whom it may concern.

As the architects for the Alegriano Residence, we are proposing a remodeled one-story single-family residence, located at 1364 Alegriano Avenue. The proposed residence embraces the existing Mediterranean character and embellishes on the design to restore it into a modern era of Mediterranean style architecture. The proposed residence is located on a 19,914 square foot lot, with the house totaling about 7,000 square feet: consisting of 6 bedrooms, 6.5 bathrooms, and a three-car garage. It is our opinion that this residence will add character and blend into the architecture of the neighborhood.

Sincerely,

Dulce Conde
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O: (305) 740-6948
d@sdcollaborative.com