



# 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

Street Address of the Subject Property: 2915 SEGOVIA

Property/Project Name: 555 CATALONIA

Legal description: Lot(s) LOT 22 PB 20-20 BLK 24

Block(s) 74 R - 206362 Section(s) \_\_\_\_\_

Folio No. 03-4117-008-3980

Owner(s): 555 CATALONIA, LLC

Mailing Address: 5765 SW 50 ST Miami, FL 33155

Telephone: 305 915 1246

Fax \_\_\_\_\_

Other 3/609 2906

Email scalle12 @ gmail.com

Architect(s)/Engineer(s)/Contractor(s): Alex Camps

Architect(s)/Engineer(s)/Contractor(s) Mailing Address: 11601 SW 98 ST

Telephone: 305 219 6833 Business 305 793-6636

Fax \_\_\_\_\_

Other \_\_\_\_\_

Email ALOFARCH @ aol.com

## Project Information

Project Description(s): NEW BUILD SINGLE FAMILY RESIDENCE

TOTAL SQ FT (NOW AC) 2910.31 AC = 2280.9 sq ft

Estimated project cost\*: \$ 204,000

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

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



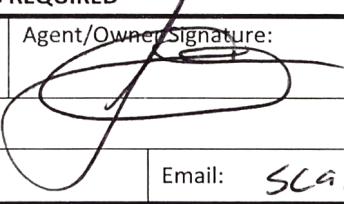
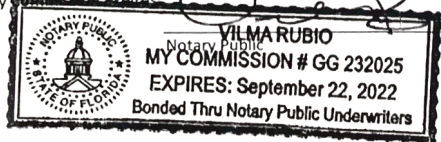
## Board of Architects Review Application

### 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>STEVE CALLE</b>  |  | Agent/Owner Signature:    |   |
| Address: <b>5765 SW 50 ST</b>   |  |  |   |
| Telephone: <b>305 915 1246</b>  |  | Fax: <b></b>   |   |
|   |  | Email: <b>scalle12@gmail.com</b>   |   |
| <b>ARCHITECT'S/ENGINEER'S SEAL</b>  | Architect(s)/Engineer(s)/Contractor(s) Print Name: |  | Architect(s)/Engineer(s)/Contractor(s) Signature: |
|   | Address:   |  |   |
|   |  |  |   |
|   | Telephone:   |  | Fax:  |
|   | Email:   |  |   |
| STATE OF FLORIDA )<br>ss<br>COUNTY OF MIAMI-DADE )<br><br>Sworn to or affirmed and subscribed before me this <u>27th</u> day of <u>Jan</u> , in the year 20 <u>21</u> by <u>Steve Calle</u> who has taken an oath and is personally known to me or has produced <u>FL DL</u> as identification. |  | STATE OF FLORIDA )<br>ss<br>COUNTY OF MIAMI-DADE )<br><br>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:   |  | My Commission Expires: _____<br>Notary Public  |   |



August 26, 2021

**City of Coral Gables**  
**Development Services – Board of Architects**  
405 Biltmore Way, 3rd Floor  
Coral Gables, Florida 33134

**PROJECT ADDRESS:** 555 Catalonia Avenue  
Coral Gables, FL 33134

To whom it may concern,

This letter is to inform you that the proposed scope of work for the above referenced property is to provide a new two-story single-family residence. The architectural style of the project is Modern and it is a unique design that, to our knowledge, does not exist elsewhere within the City of Coral Gables. The lot currently contains an existing CBS garage structure that shall be demolished.

We thank you in advance and look forward to our meeting. Should you need any additional information, please do not hesitate to contact us at (305)793-6636.

Thank You,

Alexander Camps, A.I.A.  
AR93635

