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: 141 East Sunrise Avenue, Coral Gables 33133

Property/Project Name: _____

Legal description: Lot(s) Lot 15, Block E of Amended and Corrected Plat of Sunrise Point

Block(s) Plat Book 65, Page 14 Section(s) _____

Folio No. 03-4129-040-0840

Owner(s): Jose A & Andrea Prado

Mailing Address: 141 East Sunrise Avenue, Coral Gables 33133

Telephone: 305-490-9969 Fax _____

Other _____ Email jose@pradomail.net

Architect(s)/Engineer(s)/Contractor(s): Miami Architectural Studio

Architect(s)/Engineer(s)/Contractor(s) Mailing Address: 7910 NW 25th Street, Suite 200, DoraL fl 33122

Telephone: 305-593-9969 Business _____ Fax _____

Other _____ Email jennifer@mas.miami

Project Information

Project Description(s): New two story single family residence with a total A/C & non A/C area of 7,040 sq. ft.

Estimated project cost*: $1,980,000.00
(*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: Jennifer Salman		Agent/Owner Signature:
Address: 7910 NW 25th Street, Suite 200, DoraL fl 33122		
Telephone: 305-593-9969	Fax:	Email: jennifer@mas.miami

ARCHITECT'S/ENGINEER'S SEAL	Architect(s)/Engineer(s)/Contractor(s) Print Name:	Architect(s)/Engineer(s)/Contractor(s) Signature:
	Address: 7910 NW 25th Street, Suite 200, DoraL fl 33122	
	Telephone: 305-593-9969	Fax:
	Email: jennifer@mas.miami	

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

STATE OF FLORIDA)
ss
COUNTY OF MIAMI-DADE)

Sworn to or affirmed and subscribed before me this 12 day of Jul in the year 2021 by Jennifer M. Salman who has taken an oath and is personally known to me or has produced n/a as identification.

My Commission Expires:

_____
Notary Public

EDUARDO PEREZ
MY COMMISSION # GG 288105
EXPIRES: April 30, 2023
Bonded Thru Notary Public Underwriters