



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: 1203 ASTURIA AVE

Property/Project Name: GOLDSTEIN RLS

Legal description: Lot(s) _____

Block(s) _____ Section(s) _____

Folio No. _____

Owner(s): MR. G. GOLDSTEIN

Mailing Address: 1203 ASTURIA AVE

Telephone: _____ Fax _____

Other _____ Email _____ @ _____

Architect(s)/Engineer(s)/Contractor(s): CALLUM GIBB

Architect(s)/Engineer(s)/Contractor(s) Mailing Address: _____

Telephone: 3. 807 2352 Business _____ Fax _____

Other _____ Email _____ @ _____

Project Information

Project Description(s): NEW COVERED TERRACE ADDITIONS, NEW POOL AND DECK. 450 S.F.

Estimated project cost*: \$100,000
(*Estimated cost shall be +/- 10% of actual cost)

Date(s) of Previous Submittal(s) and Action(s): _____



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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: Callum Gubb		Agent/Owner Signature: 	
Address:			
Telephone:		Fax:	Email:
ARCHITECT'S/ENGINEER'S SEAL	Architect(s)/Engineer(s)/Contractor(s) Print Name: Callum Gubb		Architect(s)/Engineer(s)/Contractor(s) Signature:
	Address: 353 ALCAZAR AVE		
	Telephone: 3. 807 2352		Fax:
	Email:		
STATE OF FLORIDA) SS COUNTY OF MIAMI-DADE) Sworn to or affirmed and subscribed before me this <u>13</u> day of <u>7</u> in the year 20 <u>21</u> by <u>Callum Gubb</u> who has taken an oath and is personally known to me or has produced <u>personally known</u> as identification. My Commission Expires:		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	
 SEBASTIAN ENRIQUE RAMOS Notary Public - State of Florida Commission # GG 231092 My Comm. Expires Jun 21, 2022 Bonded through National Notary Assn.			

CALLUM GIBB ARCHITECT PA
ARCHITECTURE • PLANNING • INTERIORS

LETTER OF INTENT
FOR THE
GOLDSTEIN RESIDENCE APPLICATION
603 MINORCA AVENUE
CORAL GABLES

This application seeks approval for new work to the existing historically designated residence located at 1203 Asturia Avenue

The existing house is a two story residence that was remodeled by the current owner in 2012.

The scope of work covers a new covered terrace to the rear of the residence, a new kitchen porch to replace the existing trellis that was added in 2012 and a new pool in the rear yard.

For the location of the proposed covered terrace and the pool we are requesting a rear setback variance. The original home was located toward the rear of the platted lot providing a generous front setback of 41'-6" rather than the required 25'-0". This arrangement gives the house a wonderful presence from Asturia Avenue but does constrict the available rear yard area..

Due to this unusual siting, we propose that the new covered terrace and pool be granted permission to be located with a rear setback of 5'-0" for the covered terrace and 7'-10" for the pool, rather than the required 10'-0". This would provide a proposed combined front and rear setback of 46'-6" compared to the 35'-0" which is the required minimum.

We feel these requests, if granted will allow us to develop the existing residence in a manner enjoyed by other residents, and harmonious with the area.

Yours truly,

Callum Gibb

Callum Gibb Architect
On behalf of Mr. & Mrs. G. Goldstein