



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: _____

Property/Project Name: _____

Legal description: Lot(s) _____

Block(s) _____ Section(s) _____

Folio No. _____

Owner(s): _____

Mailing Address: _____

Telephone: _____ Fax _____

Other _____ Email _____

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

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

Telephone: _____ Business _____ Fax _____

Other _____ Email _____

Project Information

Project Description(s): _____

Estimated project cost*: _____

(*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:	Agent/Owner Signature:
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Address:

Telephone:	Fax:	Email:
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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 ____ 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 ____ 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



CORAL GABLES

THE CITY BEAUTIFUL

	<u>PRELIMINARY DESIGN REVIEW REQUIREMENTS</u> ADDITIONS/ ALTERATIONS	APPLICANTS INITIALS
1	<input type="checkbox"/> COMPLETED APPLICATION – SIGNED AND NOTARIZED (TOTAL COST OF WORK IS NEEDED TO ASSESS FEES). PLEASE PROVIDE TOTAL UNADJUSTED SQ FT OF THE NEW CONSTRUCTION IN THE DESCRIPTION	
2	<input type="checkbox"/> WRITTEN STATEMENT – LETTER OF INTENT/SCOPE OF WORK	
3	<input type="checkbox"/> CURRENT SURVEY (NO OLDER THAN 5 YEARS - BOUNDARY & TREE SURVEY)	
4	<input type="checkbox"/> COLOR PHOTOS OF THE ENTIRE PROPERTY AND ALL STRUCTURES (ALL SIDES)	
5	<input type="checkbox"/> CONTEXTUAL STUDY OF THE NEIGHBORHOOD (OPTIONAL)	
6	<input type="checkbox"/> TREE DISPOSITION (CITY COMMISSION RESOLUTION #2014-200)	
7	<input type="checkbox"/> HISTORICAL SIGNIFICANCE DETERMINATION LETTER (IF A STRUCTURE IS BEING DEMOLISHED/SUBSTANTIALLY DEMOLISHED/ROOF STRUCTURE IS BEING REMOVED)	
8	<input type="checkbox"/> HOMEOWNERS ASSOCIATION APPROVAL (IF LOCATED WITHIN AN ASSOCIATED AREA) OR CONDO <input type="checkbox"/> Gables Estates/Gables Estates 2/CocoPlum 2(Isles of CocoPlum/Tahiti Beach/Snapper Creek/Deering Bay/ Journey's End/ Other: _____)	
9	<input type="checkbox"/> HISTORICAL RESOURCES DEPARTMENT "OK FOR BOA" FOR PROPERTIES DESIGNATED HISTORIC OR WITHIN A HISTORIC DISTRICT	
*	<input type="checkbox"/> SIGNED AND SEALED ARCHITECTURAL DRAWINGS NO SMALLER THAN 24X36 (SITE PLAN/ FLOOR PLAN(S)/ ROOF PLAN/ ELEVATION(S)/ DEMOLITION – EXISTING VS PROPOSED). NOTE: THE APPROVED PRELIMINARY REVIEW SET WILL NOT BE RETURNED. IF YOU WOULD LIKE TO RETAIN A COPY OF THE APPROVED SET, PROVIDE 2 COPIES.	
*	<input type="checkbox"/> IF MANGROVES ARE ON THE PROPERTY, DEPARTMENT OF ENVIRONMENTAL RESOURCES MANAGEMENT PRELIMINARY APPROVAL STAMP	
	SUBMITTED BY: <input type="checkbox"/> PRINT NAME: _____ SIGN: _____ DATE: _____	

*** ITEMS TO BE SUBMITTED WITH PACKAGE**



CORAL GABLES

THE CITY BEAUTIFUL

	<u>PRELIMINARY DESIGN REVIEW REQUIREMENTS</u> NEW RESIDENTIAL AND COMMERCIAL	APPLICANTS INITIALS
1	<input type="checkbox"/> COMPLETED APPLICATION – SIGNED AND NOTARIZED (TOTAL COST OF WORK IS NEEDED TO ASSESS FEES). PLEASE PROVIDE TOTAL UNADJUSTED SQ FT OF THE NEW CONSTRUCTION IN THE DESCRIPTION	
2	<input type="checkbox"/> WRITTEN STATEMENT – ARCHITECTURAL STYLE & AFFIDAVIT OF ORIGINAL DESIGN AND NOT A DUPLICATE	
3	<input type="checkbox"/> CURRENT SURVEY (NO OLDER THAN 5 YEARS - BOUNDARY & TREE SURVEY)	
4	<input type="checkbox"/> COLOR PHOTOS OF THE PROPERTY	
5	<input type="checkbox"/> CONTEXTUAL STUDY OF THE NEIGHBORHOOD	
6	<input type="checkbox"/> TREE DISPOSITION (CITY COMMISSION RESOLUTION #2014-200)	
7	<input type="checkbox"/> HISTORICAL SIGNIFICANCE DETERMINATION LETTER (FOR SUBSTANTIAL RENOVATIONS AND NEW HOMES IF EXISTING IS BEING DEMOLISHED)	
8	<input type="checkbox"/> HOMEOWNERS ASSOCIATION APPROVAL (IF LOCATED WITHIN AN ASSOCIATED AREA) Gables Estates/Gables Estates 2/CocoPlum 2 (Isles of CocoPlum/Tahiti Beach/Snapper Creek/Deering Bay/ Journey’s End/ Other: _____)	
9	<input type="checkbox"/> BUILDING SITE DETERMINATION LETTER FOR NEW RESIDENCE/DUPLEX BUILDING ON VACANT LOTS WHERE NO BUILDING/STRUCTURE EXISTED BEFORE ON THE SITE	
10	<input type="checkbox"/> HISTORICAL RESOURCES DEPARTMENT “OK FOR BOA” FOR PROPERTIES DESIGNATED HISTORIC OR WITHIN A HISTORIC DISTRICT	
*	<input type="checkbox"/> 10- COPIES OF SUBMITTAL (STATEMENT/PHOTOS/ CONTEXT/ SURVEY/DRAWINGS AT 11X17) NOTE: ORIGINAL SURVEY AND SIGNED/ SEALED	
*	<input type="checkbox"/> SIGNED AND SEALED ARCHITECTURAL DRAWINGS NO SMALLER THAN 24X36 (SITE PLAN/ FLOOR PLAN(S)/ ROOF PLAN/ ELEVATION(S)/ DEMOLITION/ 3D RENDERINGS. NOTE: THE APPROVED PRELIMINARY REVIEW SET WILL NOT BE RETURNED. IF YOU WOULD LIKE TO RETAIN A COPY OF THE APPROVED SET, PROVIDE 2 COPIES AT INITIAL SUBMITTAL.	
*	<input type="checkbox"/> IF MANGROVES ARE ON THE PROPERTY, DEPARTMENT OF ENVIRONMENTAL RESOURCES MANAGEMENT PRELIMINARY APPROVAL STAMP	
	SUBMITTED BY:	
	<input type="checkbox"/> PRINT NAME: _____ SIGN: _____ DATE: _____	

***ITEMS TO BE SUBMITTED WITH PACKAGE**