



Board of Architects Review Application

305.460.5245

boardofarchitects@coralgables.com

Application Request

The undersigned Agent/Owner request(s) Board of Architects review of the following application(s):

1. NEW BUILDING ALTERATIONS/ADDITIONS RECONSIDERATION

Property Information

Street Address of the Subject Property: _____

Property/Project Name: _____

Legal description: Lot(s) _____

Block(s) _____ Section(s) _____

Folio No. _____

Owner/Agent Information

Owner/Applicant(s): _____

Mailing Address: _____

Telephone: _____ Fax _____

Other _____ Email _____

Design Professional Information

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

Mailing Address: _____

Telephone: _____ Business _____ Fax _____

Other _____ Email _____

Project Information

Project Description: _____

Estimated project cost*: _____

(*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 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. Understand that a 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 and necessary for review by the Board of Architects may cause the application to be deferred without review.
7. Applications for the Board of Architects (BOA) review require the presence of the applicant and/or architect/engineer at the Board of Architects meeting unless otherwise noticed.
8. All submission requirements are due by 12PM on the Friday before the Thursday meeting. If the project cost exceeds \$75,000, the project must be posted (via public notice) a minimum of five (5) business days prior to Thursday's meeting. BOA meetings are held every Thursday at 8:30AM at 427 Biltmore Way unless otherwise noted.
9. All fees shall be paid by 12-midnight, three (3) business days prior to the meeting date (i.e. Monday before a Thursday meeting) to secure placement on the meeting's 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:	
Address:			
Telephone:		Fax:	Email:
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>		APPLICANTS INITIALS
NEW RESIDENTIAL AND COMMERCIAL		
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 PHOTOGRAPHS 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) <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"/> 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 PRELIMINARY REVIEW/APPROVAL FOR PROPERTIES DESIGNATED HISTORIC OR WITHIN A HISTORIC DISTRICT	
11	<input type="checkbox"/> SIGNED AND SEALED DIGITAL SCHEMATIC ARCHITECTURAL DRAWINGS (SITE PLAN/FLOOR PLAN(S)/ROOF PLAN/ELEVATION(S)/DEMOLITION/SECTIONS WITH FINISH MATERIALS/ 3D RENDERINGS)	
12	<input type="checkbox"/> IF MANGROVES ARE ON THE PROPERTY, DEPARTMENT OF ENVIRONMENTAL RESOURCES MANAGEMENT PRELIMINARY APPROVAL STAMP	
13	<input type="checkbox"/> MATERIALS BOARD WITH PHYSICAL SAMPLES OF PROPOSED EXTERIOR MATERIALS/FINISHES (COMMERCIAL PROJECTS ONLY)	
	SUBMITTED BY:	
	<input type="checkbox"/> PRINT NAME: _____ SIGN: _____ DATE: _____	



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<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/CHANGE OF STYLE	
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 EXISTING STRUCTURES (ALL SIDES)	
5	<input type="checkbox"/> CONTEXTUAL STUDY OF THE NEIGHBORHOOD (REQUIRED FOR CHANGE IN STYLE OR LARGE ADDITIONS)	
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 PRELIMINARY REVIEW/APPROVAL FOR PROPERTIES DESIGNATED HISTORIC OR WITHIN A HISTORIC DISTRICT	
10	<input type="checkbox"/> SIGNED AND SEALED DIGITAL SCHEMATIC ARCHITECTURAL DRAWINGS (SITE PLAN/FLOOR PLAN(S)/ROOF PLAN/ELEVATION(S)/DEMOLITION- EXISTING VS PROPOSED/SECTIONS WITH FINISH MATERIALS.	
11	<input type="checkbox"/> DEPARTMENT OF ENVIRONMENTAL RESOURCES MANAGEMENT PRELIMINARY REVIEW/APPROVAL IF MANGROVES ARE ON THE PROPERTY	
SUBMITTED BY: PRINT NAME: _____ SIGN: _____ DATE: _____		



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<u>PRELIMINARY DESIGN REVIEW REQUIREMENTS</u>		APPLICANTS INITIALS
METAL ROOF		
METAL ROOFS FOR SINGLE FAMILY RESIDENCES (NEW OR RE-ROOF) REQUIRE BOARD OF ARCHITECTS REVIEW/APPROVAL		
1	<input type="checkbox"/> BOARD OF ARCHITECTS REVIEW APPLICATION	
2	<input type="checkbox"/> STATEMENT OF THE ARCHITECTURAL STYLE OF THE EXISTING RESIDENCE (APPROPRIATE STYLES LIMITED TO: HIGH MODERN ¹ , POST-WAR MODERN ¹ ; NEO-CLASSICAL ² ; AND KEY WEST ³ /FLORIDA VERNACULAR)	
3	<input type="checkbox"/> LOCATION MAP OF THE PROPERTY WITHIN THE CITY	
4	<input type="checkbox"/> COLOR PHOTOGRAPHS OF THE NEIGHBORHOOD RESIDENCES (ADJOINING NEIGHBORS AND MINIMUM THREE NEIGHBORS ACROSS THE STREET)	
5	<input type="checkbox"/> COLOR PHOTOGRAPHS OF THE EXISTING RESIDENCE (ENTIRE STREET SIDES AND WATERWAY SIDE IF APPLICABLE)	
6	<input type="checkbox"/> SAMPLE OF ACTUAL METAL ROOF PANEL (PROPOSED PANEL WIDTH AND SEAM HEIGHT)	
7	<input type="checkbox"/> SELECTED COLOR FOR METAL ROOF PANEL (MANUFACTURER'S COLOR GUIDE)	
8	<input type="checkbox"/> ROOF PLAN (SKETCH OR 2D DRAWING OF EXISTING LAYOUT)	
SUBMITTED BY:		
<input type="checkbox"/> PRINT NAME:	SIGN:	DATE:

¹ Refer to the *Historical American Building Survey (HABS)*, can be found at <https://www.loc.gov/collections/historic-american-buildings-landscapes-and-engineering-records/?q=modern+architectural+elements>

² Refer to the *Historical American Building Survey (HABS)*, can be found at <https://www.loc.gov/collections/historic-american-buildings-landscapes-and-engineering-records/?q=neo-classical+architectural+elements>

³ Refer to the *Historical American Building Survey (HABS)*, can be found at <https://www.loc.gov/collections/historic-american-buildings-landscapes-and-engineering-records/?fa=location:key+west>