CERTIFICATE OF APPROPRIATENESS A P P L I C A T I O N CITY OF CORAL GABLES - HISTORICAL RESOURCES AND CULTURAL ARTS DEPARTMENT

1.	Building Address	Historic name of bu	ilding (if any)	District Name (if any)
	2			
	Legal Description: Lot(s)	Block(s)		Section
(Requi	Owner's Name red/e-mail:	Street Address	Zip Code	Phone No.
(Requir	Applicant's Name	Street Address	Zip Code	Phone/Fax
(Requir	Contractor Arch./Engineer's Name	Street Address	Zip Code	Phone/Fax
2.	PLEASE INDICATE THE CATEGORY WHICH DESCRIBES THE PROPOSED WORK:			
	Minor Alterations Demolition	New ConstructionAdditio	nRehabilitation	
3.	Will the work proposed requir	e a variance from the Zoning Code	?	_
NO YES, from section(s) Attach the requested variance language to this form				
4.	Has this property been qualified as a Coral Gables Cottage? NO YES (attach a copy of qualification sheet)			
5.	This request is: new result of a violation a revision to a previous submittal a revision to a previously approved COA			
6.	Case File: Case File: Case File:			
7.	Variance requests require a processing fee. Payment must be included with the application. Please make check payable to the City of Coral Gables. <i>Applications for ad valorem tax relief must be filed on a separate application form prior to construction</i> .			
8. ONLY	The following supplementary information (where applicable) shall be provided:*			
	Site Plan (with dimensions)Floor Plan(s) (with dimensions)Elevations(s) (with dimensions)Mailing list & 3 sets of labels Before/After VARIANCES/DEMOLITIONS			
STAFF USE ONI	Photos Survey(5 yrs or younger) Color/Material Sample Letter of Intent Board review (1 Orig + 16 copies) Board review (16 swatches) Board review (16 copies) Photos Survey(5 yrs or younger) Color/Material Sample Letter of Intent Board review (16 copies) Board review 2 sign/seal + 14reg. Non-Board (1 original) Non-Board review (1 set) Non-Board review (1 copy) Non-Board review (1 set)			
STA	Copy of Board of Archit Comments/Recommends			PowerPointOther on CD/USB
i i	Application will not be schedu	led for a hearing unless received in	completed form by the establi	shed due date (subject to staff review).
	Applications will be accepted only when a completed application form is submitted together with the necessary supplemental materials.			
	All drawings & supporting information must be collated into the correct number of packets and clearly labeled. Applicant or his/her representative MUST attend hearing and present his/her proposal to the Board.			
 Board of Architects recommendation <u>MUST</u> be obtained prior to the submission of any Certificate of Appropriateness applies 				
	The Historic Preservation Box	ard will act on completed applicati	ions only. Decisions made by	y the Board may be appealed to the City on action, the Historic Preservation Board
9.	I,		as Owner of Lot(s)	
				do hereby authorize the
	filing of this application(Owner's Signature) (Date)			
	My signature affirms and certifies that I/we understand and will comply with the provisions and regulations of the City of Coral Gables Historic Preservation Ordinance as amended from time to time. It further certifies that any statements made in the application, documents attached to the application, and plans submitted herewith are true to the best of my/our knowledge and belief. Further, I/we understand that the application, attachments and fees become part of the Official Records of the Historical Resources and Cultural Arts Department and are not returnable. The above signed consents to inspection and photographing of the subject property by the Historic Preservation staff for purposes of consideration of this application and/or presentation to the Historic Preservation Board. Applicants seeking approval of alterations, demolitions and/or new construction acknowledge			
ञ	that the City may erect signs on the subject property, which state the proposed action and the date of the Historic Preservation Board meeting.			
STAFF USE ONLY	DATI	E RECEIVED:		CITY OF CORAL GABLES HISTORICAL RESOURCES & CULTURAL ARTS DEPARTMENT
TAF	CASE	E FILE:		2327 SALZEDO STREET, 2 ^{NI)} FLOOR CORAL GABLES, FLORIDA 33134 Phone: (305) 460 5003 Fav. (305) 460 5007
S	Francis POTI	ENTIAL HPB MEETING:		Phone: (305) 460-5093 Fax: (305) 460-5097 e-mail: HIST(wcoralgables.com

e-mail: HIST@coralgables.com * A drawing set must include a site plan, floor plan(s), and elevations of all facades with sufficient dimensions to conduct a preliminary Zoning Analysis. The purpose of the preliminary Zoning Analysis is to identify possible variances and is not intended to replace any review required as part of the permitting process. The drawings must illustrate the existing conditions and the proposed changes separately. Contextual drawings or photographs of the neighboring properties must also be included. The Department staff may request additional drawings and documents as needed. Requests for Special Certificates of Appropriateness for demolition and/or that require variance(s) must include a certified mailing list. a map, and three sets of mailing labels (1000-foot radius) and the required fee. * It is the responsibility of the applicant to provide sufficient illustrations to convey the intended scope of work.