



Date Received: \_\_\_\_\_  
 Case File #: \_\_\_\_\_  
 Eden File#: \_\_\_\_\_

*The City Beautiful*

**CITY OF CORAL GABLES**  
**APPLICATION FOR LOCAL HISTORIC DESIGNATION**

Name of Applicant(s) \_\_\_\_\_  
 Mailing Address of Applicant \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone/Fax/E-mail \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Property Address \_\_\_\_\_  
 Legal Description (Lot/Block/Section/PB) \_\_\_\_\_  
 \_\_\_\_\_  
 Folio number: 03- \_\_\_\_\_  
 Date of Construction \_\_\_\_\_ Original Permit # \_\_\_\_\_ Source \_\_\_\_\_  
 Original Architect \_\_\_\_\_ Source \_\_\_\_\_

Has this property been qualified as a Coral Gables Cottage?  NO  YES

Have there been any additions and/or alterations?  NO  YES (list date, architect, permit # and a brief description for each)  
 Attach additional sheets if necessary.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you anticipate making substantial alterations in the future?  NO  YES (please describe- attach additional sheets if necessary)

\_\_\_\_\_  
 \_\_\_\_\_

History and/or previous owners (attach additional sheets if necessary)

\_\_\_\_\_  
 \_\_\_\_\_

**Required attachments:      Photographs (arranged on 8 ½ x 11 sheets-photocopy ready)**  
**Proof of ownership: deed or equivalent**

**\* I, the undersigned, believe that the subject property meets the minimum criteria for local historic designation based on the following:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signed: (please print) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

For further information please contact the City of Coral Gables Historic Preservation Department: 2327 Salzedo Street, Coral Gables, FL 33134  
 Tel: (305) 460-5093 Fax: (305) 460-5097 e-mail: [historicalresources@coralgables.com](mailto:historicalresources@coralgables.com)