TOWN OF PALM BEACH
Planning, Zoning & Building Department
360 S. County Rd.
Palm Beach, FL 33480

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-070-2017 Date: June 27, 2017

Application Type:

- [x] Major
- [ ] Minor
- [ ] Combination*
- [ ] Minor with notice

*If Town Council review required, include Zoning Application Number: _____

I. PROJECT ADDRESS: 225 Tangier Avenue, Palm Beach, FL 33480

II. DESCRIPTION OF THE REQUEST: The exact wording in this section will appear on the ARCOM Agenda. Please include a comprehensive summarized description of the proposed project.

1) Demolition of an existing residence constructed in 1958

2) Construction of new one story Bermuda style 6,192 sq.ft. residence, with swimming pool, associated landscaping and landscape lighting.

Number of Stories: 1 Roof Material (type): Concrete Roof Tile

Const. Type: CBS: Yes Frame: No Colors: Building: White Roof: White

Trim: White Shutters: Blue *this information to be included on the cover sheet of the ARCOM plans

III. DESIGN PROFESSIONAL(S):

- [x] Architect
- [ ] Landscape Architect
- [ ] Other:_____
- [ ] Design Consultant
- [ ] Engineer
- [ ] *Check if you are an ARCOM member and this project will result in a voting conflict for you.*

Name of Professional: Affiniti Architects License #: AA0002340

Phone number: 561-750-0445 Ext. 117 Email address: bschreier@affinitiarchitects.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: ILLKM PB LLC

Owner's Address (if different from Subject Address): 10 Melville Park Road,Melville, NY 11747 Phone number: 631-414-4038

Signature (**owner or owner's legally authorized agent***): _____

*if signed by a legally authorized agent, **must** be accompanied by a Power of Attorney or statement from the property owner authorizing the signer to sign on the owner's behalf.

(printed name and title) Jeffrey M. Weiner Member

TOWN OF PALM BEACH
Planning, Zoning & Building Department
360 S. County Rd.
Palm Beach, FL 33480

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: ARCOM B-080-2017 Date: JULY 17, 2017

Application Type:

☒ Major ☐ Combination*
☐ Minor ☐ Minor with notice

*If Town Council review required, include Zoning Application Number: Z-17-00023

I. PROJECT ADDRESS: 217 EMERALD LANE, PALM BEACH FL 33480

II. DESCRIPTION OF THE REQUEST: The exact wording in this section will appear on the ARCOM Agenda. Please include a comprehensive summarized description of the proposed project.

DEMOLITION OF EXISTING HOUSE AT EAST PARCEL. PROPOSED ONE STORY TEA HOUSE WITH TRELLIS, LANDSCAPE, HARDSCAPE AND POOL

Number of Stories: ONE Roof Material (type): STANDING SEAM METAL

Const. Type: CBS: X Frame: _____ Colors: Building: LIMESTONE Roof: COPPER

Trim: STONE Shutters: NO *this information to be included on the cover sheet of the ARCOM plans

III. DESIGN PROFESSIONAL(S):

☒ Architect ☐ Design Consultant
☐ Landscape Architect ☐ Engineer
☐ Other: _____

Name of Professional: MP DESIGN & ARCHITECTURE License #: AA26016/AR00116639

Phone number: 561-833-7575 Email address: MPERRY@MPDAINC.COM

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: MR & MRS. DONALD GULBRANDSEN

Owner's Address (if different from Subject Address): _____

_____ Phone number: _____

Signature (**owner or owner's legally authorized agent***): _____
*if signed by a legally authorized agent, must be accompanied by a Power of Attorney or statement from the property owner authorizing the signer to sign on the owner's behalf.

(printed name and title) Donald Gulbrandsen

TOWN OF PALM BEACH
Planning, Zoning & Building Department
360 S. County Rd.
Palm Beach, FL 33480

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-081-2017 231 Seaspray Ave Date: 08/16/17

Application Type:

- [x] Major
- [ ] Minor
- [ ] Combination*
- [ ] Minor with notice

*If Town Council review required, include Zoning Application Number: _____

I. PROJECT ADDRESS: 231 Seaspray Avenue

II. DESCRIPTION OF THE REQUEST: The exact wording in this section will appear on the ARCOM Agenda. Please include a comprehensive summarized description of the proposed project.

Add Old growth pecky cypress gates and aluminum rail fencing and minor landscaping

Add Old growth pecky cypress gates and aluminum rail fencing and minor landscaping
Add Old growth pecky cypress gates and aluminum rail fencing and minor landscaping
Add Old growth pecky cypress gates and aluminum rail fencing and minor landscaping

Number of Stories: 2 Roof Material (type): Terra Cotta

Const. Type: CBS: _____ Frame: X Colors: Building: Shell White Roof: Terra Cotta

Trim: Beige Shutters: _____ *this information to be included on the cover sheet of the ARCOM plans

III. DESIGN PROFESSIONAL(S):

- [ ] Architect
- [x] Landscape Architect
- [ ] Other: _____
- [x] Design Consultant
- [ ] Engineer

Name of Professional: Todd MacLean/ M. Phillips License #: LA-0001540

Phone number: 561-310-2333 Email address: todd.maclean@yahoo.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Andre' Trouille'

Owner's Address (if different from Subject Address): _____

_____ Phone number: 800-256-2733

Signature (**owner or owner's legally authorized agent***): _____

*If signed by a legally authorized agent, **must** be accompanied by a Power of Attorney or statement from the property owner authorizing the signer to sign on the owner's behalf.

(printed name and title) Todd MacLean, Designer

RECEIVED
By Kelly Churney at 4:55 pm, Aug 21, 2017

TOWN OF PALM BEACH
Planning, Zoning & Building Department
360 S. County Rd.
Palm Beach, FL 33480

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-090-2017 Date: 8-16-17

Application Type:

- [x] Major
- [ ] Minor
- [x] Combination*
- [ ] Minor with notice

*If Town Council review required, include Zoning Application Number: Z-17-00035

I. PROJECT ADDRESS: 901 N. Ocean Blvd. (South Portion) Palm Beach, Florida 33480

II. DESCRIPTION OF THE REQUEST: The exact wording in this section will appear on the ARCOM Agenda. Please include a comprehensive summarized description of the proposed project.

Construction of a new 16,483 s.f. two story Main House,
a 1,263 s.f. two story Pool House with a 710s.f. pergola &
a 2,688 s.f. two story Guest House in the Bermuda Style.

Number of Stories: Two Roof Material (type): Concrete

Const. Type: CBS: yes Frame: _____ Colors: Building: White Roof: White

Trim: White Shutters: Blue *this information to be included on the cover sheet of the ARCOM plans

III. DESIGN PROFESSIONAL(S):

- [x] Architect
- [x] Landscape Architect
- [ ] Other: _____
- [ ] Design Consultant
- [x] Engineer
- [ ] *Check if you are an ARCOM member and this project will result in a voting conflict for you.*

Name of Professional: Stephen Roy License #: AR91404

Phone number: 561-659-5683 Email address: smroy@royposey.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Lorraine L. Friedman Trust

Owner's Address (if different from Subject Address): _____

_____ Phone number: _____

Signature **(owner or owner's legally authorized agent*)**: Maura Ziska

*If signed by a legally authorized agent, must be accompanied by a Power of Attorney or statement from the property owner authorizing the signer to sign on the owner's behalf.

(printed name and title) Maura Ziska, Attorney

TOWN OF PALM BEACH
Planning, Zoning & Building Department
360 S. County Rd.
Palm Beach, FL 33480

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-099-2017 Date: November 8, 2017

Application Type:

- [x] Major
- [ ] Minor
- [ ] Combination*
- [ ] Minor with notice

*If Town Council review required, include Zoning Application Number: _____

I. PROJECT ADDRESS: 1565 North Ocean Way and 1695 North Ocean Way

II. DESCRIPTION OF THE REQUEST: The exact wording in this section will appear on the ARCOM Agenda. Please include a comprehensive summarized description of the proposed project.

See attached Description

Number of Stories: 2 Roof Material (type): flat red tile

Const. Type: CBS: x Frame: _____ Colors: Building: light off white Roof: deep red

Trim: white wood Shutters: no new shutters *this information to be included on the cover sheet of the ARCOM plans

III. DESIGN PROFESSIONAL(S):

- [x] Architect
- [x] Landscape Architect
- [ ] Other: _____
- [ ] Design Consultant
- [x] Engineer
- [ ] *Check if you are an ARCOM member and this project will result in a voting conflict for you.*

Name of Professional: Scott C. Heynen, RLA, LOMBARDI DESIGN License #: LA6666848

Phone number: 561-660-0164 Email address: sheynen@lombardidesign.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 1565 Property Associates, LLC

Owner's Address (if different from Subject Address): Steven Siegelaub, Esq., Berkowitz, Trager & Trager, LLC
8 Wright Street, Westport, CT 06880 Phone number: 203-291-8223

Signature (**owner or owner's legally authorized agent***): _____
*if signed by a legally authorized agent, **must** be accompanied by a Power of Attorney or statement from the property owner authorizing the signer to sign on the owner's behalf.

(printed name and title) James M. Crowley, Attorney for 1565 Property Associates, LLC (561) 650-0652

TOWN OF PALM BEACH
Planning, Zoning & Building Department
360 S. County Rd.
Palm Beach, FL 33480

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-100-2017 Date: November 8, 2017

Application Type:

[X] Major
[ ] Minor

[ ] Combination*
[ ] Minor with notice

*If Town Council review required, include Zoning Application Number: _____

I. PROJECT ADDRESS: 880 SOUTH OCEAN BLVD. PALM BEACH, FL. 33480

DESCRIPTION OF THE REQUEST:

RENOVATION OF EXISTING TWO STORY RESIDENCE. NEW POOL, HARDSCAPE & LANDSCAPE.

Number of Stories: TWO Roof Material (type): FLAT CEMENT TILE

Const. Type: CBS: X Frame: X Colors: Building: WHITE Roof: NATURAL GRAY

Trim: WHITE Shutters: LIGHT GRAY *this information to be included on the cover sheet of the ARCOM plans

III. DESIGN PROFESSIONAL(S):

[X] Architect
[ ] Landscape Architect
[ ] Design Consultant
[ ] Engineer

MP DESIGN & ARCHITECTURE
ARCHITECT OF RECORD

Name of Professional: MP DESIGN & ARCHITECTURE License #: AA26001667

Phone number: 561-833-7575 Email address: MPERRY@MPDAINC.COM

OWNER/AGENT INFORMATION:

Property Owner's Name: MR. & MRS. ALEX CHESTERMAN

Owner's Address (if different from Subject Address): 880 SOUTH OCEAN BLVD. PALM BEACH, FL. 33480
Phone number: (646) 703-4875

Signature (**owner or owner's legally authorized agent***): _____
*If signed by a legally authorized agent, must be accompanied by a Power of Attorney or statement from the property owner authorizing the signer to sign on the owner's behalf.
(printed name and title) ALEX CHESTERMAN

TOWN OF PALM BEACH
Planning, Zoning & Building Department
360 S. County Rd.
Palm Beach, FL 33480

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-101-2017 Date: 11/07/17

Application Type:

- ☐ Major
- ☐ Minor
- ☑ Combination*
- ☐ Minor with notice

*If Town Council review required, include Zoning Application Number: Z-17-00049

I. PROJECT ADDRESS: 1090 North Ocean Boulevard

II. DESCRIPTION OF THE REQUEST: The exact wording in this section will appear on the ARCOM Agenda. Please include a comprehensive summarized description of the proposed project.

Addition of new loggia at west side of previously ARCOM approved residence on January 25th, 2017 ARCOM meeting.

Updated and revised pool, landscape and hardscape layout

Number of Stories: 2 Roof Material (type): Cement Tile

Const. Type: CBS: X Frame: _____ Colors: Building: White Roof: White

Trim: Cast Stone Shutters: Blue *this information to be included on the cover sheet of the ARCOM plans

III. DESIGN PROFESSIONAL(S):

- ☑ Architect
- ☑ Landscape Architect
- ☐ Other: _____
- ☐ Design Consultant
- ☐ Engineer
- ☐ *Check if you are an ARCOM member and this project will result in a voting conflict for you.*

Name of Professional: MP Design & Architecture License #: AA26001667 - AR0016639

Phone number: 561-833-7575 Email address: mperry@mpdainc.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Mrs. Ann DesRuisseaux

Owner's Address (if different from Subject Address): _____

_____ Phone number: 214-264-1826

Signature (**owner or owner's legally authorized agent***): Maura Ziska, Attorney

*if signed by a legally authorized agent, **must** be accompanied by a Power of Attorney or statement from the property owner authorizing the signer to sign on the owner's behalf.

(printed name and title) Maura Ziska, Attorney

TOWN OF PALM BEACH
Planning, Zoning & Building Department
360 S. County Rd.
Palm Beach, FL 33480

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-102-2017 Date: October 26, 2017

Application Type:

- ☐ Major
- ☐ Minor
- ☑ Combination*
- ☐ Minor with notice

*If Town Council review required, include Zoning Application Number: Z-17-00051

I. PROJECT ADDRESS: 266 Orange Grove Road, Palm Beach, FL 33480

II. DESCRIPTION OF THE REQUEST: The exact wording in this section will appear on the ARCOM Agenda. Please include a comprehensive summarized description of the proposed project.

Demolition and new construction of one story British Colonial style home to be approximately 2,900 square feet with final hardscape and landscape to be included.

Number of Stories: 1 Roof Material (type): Concrete Tile

Const. Type: CBS: X Frame: ____ Colors: Building: White Roof: Concrete Tile

Trim: n/a Shutters: Charcoal *this information to be included on the cover sheet of the ARCOM plans

III. DESIGN PROFESSIONAL(S):

- ☑ Architect
- ☐ Landscape Architect
- ☐ Other:
- ☐ Design Consultant
- ☐ Engineer
- ☐ *Check if you are an ARCOM member and this project will result in a voting conflict for you.*

Name of Professional: SKA Architect + Planner License #: AR0010181

Phone number: (561) 655-1116 Email address: pat @skarchitect.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Michael Steranka

Owner's Address (if different from Subject Address): ____

Phone number: (301) 502-7464

Signature (owner or owner's legally authorized agent*): ____

*if signed by a legally authorized agent, must be accompanied by a Power of Attorney or statement from the property owner authorizing the signer to sign on the owner's behalf.

(printed name and title) Michael Steranka, owner

TOWN OF PALM BEACH
Planning, Zoning & Building Department
360 S. County Rd.
Palm Beach, FL 33480

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-103-2017 Date: October 26, 2017

Application Type:

- [ ] Major
- [ ] Minor
- [x] Combination*
- [ ] Minor with notice

*If Town Council review required, include Zoning Application Number: Z-17-00052

I. PROJECT ADDRESS: 280 Orange Grove Road, Palm Beach, FL 33480

II. DESCRIPTION OF THE REQUEST: The exact wording in this section will appear on the ARCOM Agenda. Please include a comprehensive summarized description of the proposed project.

Renovation of existing one-story home. Addition of 460 square feet, for a total of 3,200 square feet. Change to Island Style home, raising floor elevation, and replacing roof. Final hardscape and landscape to be included.

Number of Stories: 1 Roof Material (type): Concrete Tile

Const. Type: CBS: X Frame: _____ Colors: Building: White Roof: Concrete tile

Trim: n/a Shutters: Charcoal *This information to be included on the cover sheet of the ARCOM plans

III. DESIGN PROFESSIONAL(S):

- [x] Architect
- [ ] Landscape Architect
- [ ] Other: _____
- [ ] Design Consultant
- [ ] Engineer
- [ ] *Check if you are an ARCOM member and this project will result in a voting conflict for you.*

Name of Professional: SKA Architect + Planner License #: AR0010181

Phone number: (561) 655-1116 Email address: pat@skaarchitect.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Gustav & Susan Carlson

Owner's Address (if different from Subject Address): _____

Phone number: (203) 979-5140

Signature (owner or owner's legally authorized agent*): Gustav Carlson Susan Carlson

*If signed by a legally authorized agent, must be accompanied by a Power of Attorney or statement from the property owner authorizing the signer to sign on the owner's behalf.

(printed name and title) Gustav & Susan Carlson, owners

RECEIVED
By Kelly Churney at 3:50 pm, Nov 14, 2017

TOWN OF PALM BEACH
Planning, Zoning & Building Department
360 S. County Rd.
Palm Beach, FL 33480

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-104-2017 Date: 11/14/2017

Application Type:

☒ Major ☐ Combination*
☐ Minor ☐ Minor with notice

*If Town Council review required, include Zoning Application Number: Z-17-00053

I. PROJECT ADDRESS: 2185 S Ocean Blvd, Palm Beach, FL 33480

II. DESCRIPTION OF THE REQUEST: The exact wording in this section will appear on the ARCOM Agenda. Please include a comprehensive summarized description of the proposed project.
The existing north restroom and storage building will be demolished and replaced with a prefabricated restroom building to match the restrooms on the south end of the park. The new building will have two restrooms, both for men and women, a utility room, and an attached drinking fountain. The improvements will also include an ADA compliant outdoor foot and shower station for washing off beach sand.

Number of Stories: 1 Roof Material (type): Barrel tile style roofing

Const. Type: CBS: X Frame: N/A Colors: Building: Brown Roof: Brown

Trim: Brown Shutters: N/A *this information to be included on the cover sheet of the ARCOM plans

III. DESIGN PROFESSIONAL(S):

☐ Architect
☐ Landscape Architect
☐ Other:

☒ Design Consultant
☐ Engineer
☐ *Check if you are an ARCOM member and this project will result in a voting conflict for you.*

Name of Professional: Brent Whitfield, PE License #: 65720

Phone number: (561) 746-6900 x1160 Email address: bwhitfield@chenmoore.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Town of Palm Beach

Owner's Address (if different from Subject Address): 951 Okeechobee Rd. West Palm Beach, FL 33401

Phone number: (561)838-5440

Signature (**owner or owner's legally authorized agent***): Thomas P. Bradford

*if signed by a legally authorized agent, **must** be accompanied by a Power of Attorney or statement from the property owner authorizing the signer to sign on the owner's behalf.

(printed name and title) THOMAS G. BRADFORD, TOWN MANAGER

TOWN OF PALM BEACH
Planning, Zoning & Building Department
360 S. County Rd.
Palm Beach, FL 33480

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-105-2017 Date: Nov 7, 2017

Application Type:

- [x] Major
- [ ] Minor
- [x] Combination*
- [ ] Minor with notice

*If Town Council review required, include Zoning Application Number: Site Plan Review #1-2017

I. PROJECT ADDRESS: 235 Via Vizcaya, Palm Beach, FL 33480

II. DESCRIPTION OF THE REQUEST: The exact wording in this section will appear on the ARCOM Agenda. Please include a comprehensive summarized description of the proposed project.

New construction of Mediterranean Revival home to be approximately 7,000 square feet. Final landscape, hardscape and drainage to be included.

Number of Stories: 2 Roof Material (type): Clay barrel tile

Const. Type: CBS: X Frame: _____ Colors: Building: White Roof: Clay Barrel

Trim: Cast Stone Shutters: n/a *This information to be included on the cover sheet of the ARCOM plans

III. DESIGN PROFESSIONAL(S):

- [x] Architect
- [ ] Landscape Architect
- [ ] Other: _____
- [ ] Design Consultant
- [ ] Engineer
- [ ] *Check if you are an ARCOM member and this project will result in a voting conflict for you.*

Name of Professional: SKA Architect + Planner License #: AR0010181

Phone number: (561) 655-1116 Email address: pat@skaarchitect.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 235 Via V PB, LLC

Owner's Address (if different from Subject Address): _____

Phone number: (561) 655-1116

Signature (owner or owner's legally authorized agent*): _____

*If signed by a legally authorized agent, must be accompanied by a Power of Attorney or statement from the property owner authorizing the signer to sign on the owner's behalf.

(printed name and title) FRANCIS X. J. LYNCH, ATTORNEY

RECEIVED
By Kelly Churney at 2:25 pm, Nov 13, 2017

TOWN OF PALM BEACH
Planning, Zoning & Building Department
360 S. County Rd.
Palm Beach, FL 33480

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: A-048-2017 Date: November 13, 2017

Application Type:

- [ ] Major
- [x] Minor
- [ ] Combination*
- [ ] Minor with notice

*If Town Council review required, include Zoning Application Number: _____

I. PROJECT ADDRESS: 201 Dunbar Road, Palm Beach FL 33480

II. DESCRIPTION OF THE REQUEST: The exact wording in this section will appear on the ARCOM Agenda. Please include a comprehensive summarized description of the proposed project.

Re-sizing of windows on south, north, and east elevations of previously approved house.

Number of Stories: 2 Roof Material (type): [redacted] Clay Barrel Tile

Const. Type: CBS: ✓ Frame: _____ Colors: Building: Off White Roof: Terracota

Trim: Cast Stone Shutters: N/A *this information to be included on the cover sheet of the ARCOM plans

III. DESIGN PROFESSIONAL(S):

- [x] Architect
- [ ] Landscape Architect
- [ ] Other: _____
- [ ] Design Consultant
- [ ] Engineer
- [ ] *Check if you are an ARCOM member and this project will result in a voting conflict for you.*

Name of Professional: SKA Architect + Planner License #: AR0010181

Phone number: (561) 655-1116 Email address: pat@skaarchitect.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 280 NCR, LLC

Owner's Address (if different from Subject Address): _____

_____ Phone number: _____

Signature (**owner or owner's legally authorized agent***): _____

*if signed by a legally authorized agent, **must** be accompanied by a Power of Attorney or statement from the property owner authorizing the signer to sign on the owner's behalf.

(printed name and title) Franklyn P. deMarco Jr

RECEIVED
By Kelly Chumey at 4:36 pm, Nov 15, 2017

TOWN OF PALM BEACH
Planning, Zoning & Building Department
360 S. County Rd.
Palm Beach, FL 33480

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: A-051-2017 Date: _____

Application Type:

- [ ] Major
- [x] Minor
- [ ] Combination*
- [ ] Minor with notice

*If Town Council review required, include Zoning Application Number: _____

I. PROJECT ADDRESS: 3100 South Ocean Blvd

II. DESCRIPTION OF THE REQUEST: The exact wording in this section will appear on the ARCOM Agenda. Please include a comprehensive summarized description of the proposed project.

Window Replacement, size-for-size. Replacement windows are being proposed without existing muntin pattern.

Number of Stories: 8 Roof Material (type): Tar and gravel

Const. Type: CBS: X Frame: _____ Colors: Building: _____ Roof: _____

Trim: Shutters: *this information to be included on the cover sheet of the ARCOM plans

III. DESIGN PROFESSIONAL(S):

- [ ] Architect
- [ ] Landscape Architect
- [x] Other: Contractor
- [ ] Design Consultant
- [ ] Engineer
- [ ] Check if you are an ARCOM member and this project will result in a voting conflict for you.

Name of Professional: Jonathan Wrend License #: CBC1258746

Phone number: 321-543-5758 Email address: jonathan@city-beautiful-group.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Palm Beach Hampton Condominium Association

Owner's Address (if different from Subject Address): _____

_____ Phone number: _____

Signature (**owner or owner's legally authorized agent***): Richard Krowitz

*If signed by a legally authorized agent, must be accompanied by a Power of Attorney or statement from the property owner authorizing the agent to sign on the owner's behalf.

(Printed name and title) RICHARD KROWITZ, PRESIDENT

MICHELE A. ALONSO
Notary Public, State of New York
Registration No. 01AL6341002
Qualified in Nassau County
Commission Expires Dec. 23, 2019

Michele Alonso