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-096-2017 Date: October 18, 2017

Application Type:

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

*If Town Council review required, include Zoning Application Number: N/A

I. PROJECT ADDRESS: 901 North Ocean Boulevard, 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.

See Exhibit A attached hereto and incorporated herein by reference.

Number of Stories: 2 Roof Material (type): clay tile

Const. Type: CBS: X Frame: _____ Colors: Building: beige Roof: blue-green

Trim: brown Shutters: none *this information to be included on the cover sheet of the ARCOM plans

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: Francis X. J. Lynch License #: 376167

Phone number: 561-721-4004 Email address: flynch@blesmlaw.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Lorraine L. Friedman Trust

Owner's Address (if different from Subject Address): c/o Maura Ziska, Esq.

222 Lakeview Ave, #1500, West Palm Beach, FL 33401 Phone number: 561-802-8960

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

*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

EXHIBIT A

Application Number: B-096-2017 (Modification of Prior Approval of B-079-2017)
Project Address: 901 North Ocean Boulevard, Palm Beach, FL 33480

II. Description of the Request:

1. Remove all landscaping,

2. demolish, reconstruct and otherwise modify existing site walls adjacent to North Ocean Boulevard to comply with required site triangles reflected on Lot Split Application,

3. modify existing seawall to reduce the height of same,

4. construct perimeter wall at northern property boundary and

5. construct wall on property boundary based on Lot Split Application

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-006-2017 Date: May 16, 2017

Application Type:
- [x] Major
- [ ] Minor
- [x] Combination*
- [ ] Minor with notice

*If Town Council review required, include Zoning Application Number: VAR21-2017

I. PROJECT ADDRESS: 218 MIRAFLORES DRIVE

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.

PARTIAL SECOND FLOOR ADDITION TO AN EXISTING ONE STORY SINGLE FAMILY RESIDENCE

Number of Stories: 2 Roof Material (type): CONCRETE FLAT TILE Const. Type: CBS

CBS: ✓ Frame: _____ Colors – Building: WHITE Roof: WHITE Trim: WHITE

Shutters: _____ *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

Name of Professional: GREGORY BONNER-B1 ARCHITECTS License #: AR96096

Phone number: 561-312-3453 Email address: GREGORY@B1ARCHITECT.COM

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: VERA ALFIERI MONFORTE

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

_____ Phone number: _____

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

Rev 11/2016

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-020-2017 Date: MARCH 22, 2017

Application Type:

☐ Major ☐ Minor ☒ Combination* ☐ Minor with notice

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

I. PROJECT ADDRESS: 202 ONONDAGA AVE / PALM BEACH, FL 33405

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.
RENOVATIONS TO EXISTING ONE STORY RESIDENCE AND PARTIAL 2ND FLOOR ADDITION TO SAME. LANDSCAPE AND HARDSCAPE CHANGES INCLUDED.

Number of Stories: 2 Roof Material (type): CONC. 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):

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

Name of Professional: FAIRFAX, SAMMONS & PARTNERS License #: AR0016906

Phone number: 561-805-8591 Email address: JTORRES@FAIRFAXANDSAMMONS.COM

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 202 ONONDAGA LLC

Owner's Address (if different from Subject Address): 11750 LAKESHORE PL. NORTH PALM BEACH, FL 33408 Phone number: 617-497-3550

Signature (**owner or owner's legally authorized agent***): Jaime Torres-Cruz

*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~~): JAIME TORRES-CRUZ (PROJECT MANAGER FOR ARCHITECT)

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-054-2017** Date: **May 23, 2017**

Application Type:

[X] Major [ ] Minor [ ] Combination* [ ] Minor with notice

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

I. PROJECT ADDRESS: **446 N Lake Way 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.
New contemporary 2 story home and 1 story accessory garage totaling 13,093 gross s.f. and associated landscaping, hardscape and swimming pool.
Number of Stories: **2** Roof Material (type): **Flat Built Up Roofing**

Const. Type: CBS: **Yes** Frame: **No** Colors: Building: **White and Natural Travertine Stone** Roof: **Gray Built Up Roofing**

Trim: **Stone** Shutters: **None** *this information to be included on the cover sheet of the ARCOM plans

III. DESIGN PROFESSIONAL(S):

[X] Architect Design [ ] Landscape Architect [ ] Consultant [ ] Engineer Other: _____

Name of Professional: **Affiniti Architects** License #:**AA0002340**

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: **Stephen A. Levin**

Owner's Address (if different from Subject Address): **4358 North Bay Road Miami, FL 33140**

Phone number: 561-802-8960

Signature (**owner or owner's legally authorized agent***): Maura Zorna, 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.

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: B-074-2017 Date: 7-18-17

Application Type:

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

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

I. PROJECT ADDRESS: 260 CLARKE 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.

Demolition of existing 2-story residence, pool & landscape/ hardscape. New 2-story residence, pool, associated landscape/ hardscape.

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

Const. Type: CBS: X Frame: _____ Colors: Building: Distant gray Roof: Clay

Trim: Distant Gray Shutters: Black *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

Name of Professional: M. Mark Marsh License #: AR0009030

Phone number: 561-832-1533 Email address: MMM@BRIDGESMARSHARCHITECTS.COM

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: NANCY KOZAK

Owner's Address (if different from Subject Address): 215 SEABREEZE AVE

PALM BEACH, FL Phone number: 203.920.4135

Signature (**owner or owner's legally authorized agent***): Nancy M. Kozak

*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) NANCY KOZAK

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/AR0011639

Phone number: 561-833-7515 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

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-007-2017 Date: August 9, 2017

Application Type:

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

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

I. PROJECT ADDRESS: 377 North Lake Way, 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 two story British Colonial style home to be approximately 7,500 square feet. Home will consist of five bedrooms, seven bathrooms, powder room, living room, dining room, kitchen, butlers pantry, family room, laundry room, wine bar, loggia, and two car garage. Final landscape and hardscape to be provided.

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

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

Trim: Trim Shutters: White *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: Alan Shulman

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

Phone number: (561)379-8774

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) Alan Shulman, 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-088-2017 Date: August 18, 2017

Application Type:

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

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

I. PROJECT ADDRESS: 596 North County Road, Palm Beach, FL

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 two-story residence, covered porch, pool and pergola with associated hardscape and landscape

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

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

Trim: Cast Stone 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

Name of Professional: Nelo R. Freijomel License #: AR0097783

Phone number: 772-215-0577 Email address: NRFArch@Gmail.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Michael & Suzanne Ainslie

Owner's Address (if different from Subject Address): 202 Plantation Road

Palm Beach, FL 33480 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) _____

RECEIVED
By Kelly Churney at 3:16 pm, Oct 25, 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-082-2017 Date: November 10, 2017

Application Type:

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

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

I. PROJECT ADDRESS: 535 North County 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.

New 14,017s.f. a/c Main House, 1,426s.f. a/c Guest House, and 451s.f. a/c Staff Quarters, with 2,320s.f. of Garage area, 4,586s.f. of Covered Loggia and Covered Entries, 4,658s.f. of Basement Storage, in Modern Style, Driveway, Pools and Garden.

Number of Stories: 2 Roof Material (type): Built Up Roofing

Const. Type: CBS: Yes Frame: n/a Colors: Building: White+Stone Roof: White

Trim: none Shutters: none *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: Boyle Architecture PLLC License #: AA26003305

Phone number: 954-560-9064 Email address: bill@wmboyle.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 535 North County Road LLC

Owner's Address (if different from Subject Address): 41 SE 5th st, 2nd Flr

Boca Raton, FL 33432 Phone number: 561-272-6852

Signature (**owner or owner's legally authorized agent***): Holly G. Gershon

*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) Holly G. Gershon, 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-093-2017 Date: 9/18/17

Application Type:

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

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

I. PROJECT ADDRESS: 515 NORTH COUNTY ROAD

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 TWO STORY RESIDENCE, POOL AND ASSOCIATED HARDSCAPE/LANDSCAPE

Number of Stories: 2 Roof Material (type): FLAT CLAY TILE

Const. Type: CBS: YES Frame: Colors: Building: LT. GRAY Roof: SLATE GRAY

Trim: LT. GRAY Shutters: BLACK *This information to be included on the cover sheet of the ARCOM plans

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: M. MARK MARSH License #: AR0009030

Phone number: 561-832-1533 Email address: mmm@bridgesmarsharchitects.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 515 NORTH COUNTY ROAD TRUST

Owner's Address (if different from Subject Address): KOCHMAN & ZISKA c/o

222 LAKEVIEW AVE. STE. 1500 Phone number: 561-302-8960

WEST PALM BEACH, FL 33401
Signature (owner or owner's legally authorized agent*): Maura Ziska, Trustee
*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, Trustee

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-094-2017 Date: 10/06/17

Application Type:

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

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

I. PROJECT ADDRESS: 149 E Inlet Drive, Palm Beach, Florida

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 residence, pool, hardscape and landscape and construction of a new two-story residence, guest house, pool and all associated landscape and hardscape.

Number of Stories: 2 Roof Material (type): cement tile

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

Trim: white Shutters: white *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: Roger P Janssen License #: FL# 14785

Phone number: 561.833.4707 Email address: Roger@daileyjanssen.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Myron Miller

Owner's Address (if different from Subject Address): 149 E. Inlet Drive, Palm Beach

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) Myron Miller

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

B-097-2017 S. Ocean Blvd

Application Number: _____ Date: 9-28-2017

Application Type:

☐ Major ☐ Minor ☑ Combination* ☐ Minor with notice

*If Town Council review required, include Zoning Application Number: Z-17-00042

I. PROJECT ADDRESS: 1700 S. Ocean Blvd. Palm Beach, FL 33482

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 two story structure in the Regency style with flat roof, pediments, smooth stucco walls, stucco mouldings, parapets, and vertical and horizontal banding, white aluminum impact French doors and casement windows, covered terrace, and pergolas. New driveway, patio, pool, and landscape design by Lynn Bender Landscape Architecture.

Number of Stories: two Roof Material (type): _____

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

Trim: White 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

Name of Professional: Jacqueline Albarran License #: AR0011701

Phone number: 561-655-7676 Email address: jackie@jackiealbarran.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Ocean Villa Holdings, LLC (Jagbir Singh)

Owner's Address (if different from Subject Address): 1890 S. Ocean Blvd Lake Worth, FL 33462

_____ Phone number: 908-342-1829

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) JAGBIR SINGH, MGR

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-098-2017 Date: October 20, 2017

Application Type:

[X] Major [ ] Minor [X] Combination* [ ] Minor with notice

*If Town Council review required, include Zoning Application Number: Z-17-00047

I. PROJECT ADDRESS: 224 South Ocean Boulevard, 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.

Proposed work includes three new dormers in the existing roof on the east facade of the home

New roofing on dormers to match existing wood shingle roofing.

Number of Stories: 3 Roof Material (type): Existing wood shingles to remain

Const. Type: CBS: _____ Frame: Existing wood frame Colors: Building: White Roof: Existing Natural Wood

Trim: White Shutters: Not Applicable *this information to be included on the cover sheet of the ARCOM plans

III. DESIGN PROFESSIONAL(S):

[✓] Architect [ ] Landscape Architect [ ] Other: [ ] Design Consultant [ ] Engineer

Name of Professional: Jose A. Gonzalez, Gonzalez Architects License #: 8134

Phone number: (305) 455-4216 Email address: jose@gonzalez-architects.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Armen Manoogian

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

Phone number: (703)969-4296

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) Jose A. Gonzalez, Principal, Gonzalez Architects, Agent

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-044-2017 2284 Ibis Isle Road West Date: 09/22/17

Application Type:

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

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

I. PROJECT ADDRESS: 2284 Ibis Isle Road West

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.

Remove Circle Driveway and Landscaping and add new Auto Court with new landscaping

Remove Circle Driveway and Landscaping and add new Auto Court with new landscaping

Remove Circle Driveway and Landscaping and add new Auto Court with new landscaping

Remove Circle Driveway and Landscaping and add new Auto Court with new landscaping

Number of Stories: 1 Roof Material (type): white concrete

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

Trim: White 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: 2284 Ibis Isle., LLC

Owner's Address (if different from Subject Address): 818 Madison Avenue, 4th Floor

New York, NY 10065 Phone number: 203-219-8860

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

*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) Edward Sumpter, Manager

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

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-050-2017 Date: November 10, 2017

Application Type:

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

*If Town Council review required, include Zoning Application Number: N/A

I. PROJECT ADDRESS: 274 Orange Grove Road

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.

Remove existing covered front entry structure and front door and install new covered entry structure and front door with sidelight. Install new gray cement tile roof
Remove garage door and replace with new. Install decorative aluminum rail on garage roof.
Remove portion of front entrance drive and replace with new brick pedestrian walk to front door.
Install new front yard landscaping. Install new stucco trim above existing windows.
Replace portion of existing concrete drive with brick paver drive.

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

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

Trim: Beige Shutters: Beige *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

Name of Professional: ACI, Inc. Roger Hansrote License #: 14300

Phone number: 561-655-0674 Email address: roger@aci-architectural.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: CITRUS COTTAGE LLC

Owner's Address (if different from Subject Address): 217 Mockingbird Trail

Palm Beach, 33480 Phone number: 561-863-5812

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) Kathleen Carbonara- Owner

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