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-059-2017 Date: 6/21/17

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

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

I. PROJECT ADDRESS: 257 Royal Poinciana 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.

Changes to front and rear facade, signage, and awning

Number of Stories: 1 Roof Material (type): Flat

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

Trim: Tan 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

Name of Professional: Keith Spina License #: 13419

Phone number: 561-684-6844 Email address: keith@gliddenspina.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 257 RPW LLC

Owner's Address (if different from Subject Address): 2770 S Ocean Blvd Apt S401

Palm Beach, FL 33480 Phone number: 917-647-9884

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) Sidney Ritman, 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: R-072-2017 Date: 7/12/2017

Application Type:

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

*If Town Council review required, include Zoning Application Number: Z-17-00027

I. PROJECT ADDRESS: 615 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.
Construction of a new two story French style home of approximately 25,500 square feet. Final landscape, hardscape and drainage to be included

Number of Stories: 2 Roof Material (type): Slate

Const. Type: CBS: X Frame: _____ Colors: Building: Benjamin Moore Palace White Roof: Benjamin Moore Grey
Trim: Benjamin Moore Papaya Windows: Benjamin Moore White Dove *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: Smith Architectural Group, Inc. License #: AR9772

Phone number: 561-832-0202 Email address: leslie@smitharchitecturalgroup.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Mr. & Mrs. Lewis Sanders

Owner's Address (if different from Subject Address): 4 East 66th Street, Apt 10

New York, NY 10065 Phone Number: 212-291-7902

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

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/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

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-083-2017 Date: 8-23-2017

Application Type:

☑ Major ☐ Combination*
☐ Minor ☐ Minor with notice

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

I. PROJECT ADDRESS: 266 Fairview 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 two story house with landscape, hardscape and pool.

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

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

Trim: White Shutters: Grey *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: MHK Architecture & Planning License #: AR 16971

Phone number: 561-401-1899 Email address: cforrest@mhkap.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Beacon 266 LLC

Owner's Address (if different from Subject Address): 1400 Gulfshore Blvd N 106 Naples FL 34102

Phone number: 239-261-4000

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) Joe Belz, 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-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) _____

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-095-2017 Date: 09-20-17

Application Type:

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

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

I. PROJECT ADDRESS: 2800 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.

Brief Description: New Pool Access Stairs from Guest Rooms, Two new mechanical chases

Roof Top pre-conditioning A/C units, Reconfiguration of the outdoor Bar shape/two windows

Pool Deck Hardscape Revisions including planters and terrace low walls.

Number of Stories: 4 Roof Material (type): Bituminous Membrane

Const. Type: CBS: Yes Frame: No Colors: Building: BM Arizona Peach 092 Roof: Gray

Trim: Light Beige 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: LEO A DALY License #: _____

Phone number: 561.688.2111 Email address: btgarven@leoadaly.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: J.V. Associates (P.B.) LLC

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

_____ Phone number: (561) 802-8960

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 Esq.

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

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-045-2017 Date: 10-10-2017

Application Type:

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

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

I. PROJECT ADDRESS: 657 Island Drive, 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.

Relocate AC and Pool Equipment, add a central fountain and wall fountain, and replace some landscape materials.

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

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

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

III. DESIGN PROFESSIONAL(S):

- [ ] Architect
- [x] 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: Fernando Wong Outdoor Living License #: _____

Phone number: 561-515-0213 Email address: tim@fernandowongold.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Andrea Ball

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

_____ Phone number: (215) 219-8033

Signature (**owner or owner's legally authorized agent***) X Andrea Ball

*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) Andrea Ball

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-047-2017 Date: 10/10/2017

Application Type:

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

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

I. PROJECT ADDRESS: 619 Island 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.

Proposed stone cladding on front columns; proposed light fixtures to be installed on front columns

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

Const. Type: CBS: _____ 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
- ☐ 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: Mario Nievera License #: LA6666856

Phone number: 561-659-2820 Email address: mario@nieverawilliams.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Kim or Ray Celedinas

Owner's Address (if different from Subject Address): 619 Island Drive, Palm Beach, Florida 33480 Phone number: (561) 714-0131

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

*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) Kim Celedinas, owner