RECEIVED
By Kelly Churney at 9:11 am, Aug 24, 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-092-2017 Date: 8.23.2017

Application Type:

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

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

I. PROJECT ADDRESS: 215 Arabian 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 of a two-story wood frame and clay tile residence.

Number of Stories: 2 Roof Material (type): Asphalt Shingles

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

Trim: White Shutters: Black *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
- [ ] Engineer
- [ ] *Check if you are an ARCOM member and this project will result in a voting conflict for you.*

Name of Professional: Kevin Asbacher, AIA License #: AR95435

Phone number: 561-203-7131 Email address: ka@asbacherarchitecture.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 215 Arabian LLC

Owner's Address (if different from Subject Address): 6 Indian Chase Dr., Greenwich, CT 06830

_____ Phone number: 914-967-9171

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) Kevin Asbacher, AIA, 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-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: VAR 21-2017

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 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: _____ Date: 12-16-2016

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.

Mediterranean Revival style two-story home to be 7,444 square feet consisting of four bedrooms, six and one half bathrooms, kitchen, dining room, family room, living room, library, loggias, two-car garage and guest apartment. 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 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

Name of Professional: SKA Architect + Planner License #: AR10181

Phone number: 561 655 1116 Email address: info@skaarchitect.com

IV. OWNER/AGENT INFORMATION:

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

Owner's Address (if different from Subject Address): 235 Via Vizcaya, Palm Beach, FL 33480

_____ Phone number: 561 655-1116

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

*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-016-2017 Date: 2/07/2017

Application Type:

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

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

I. PROJECT ADDRESS: 210 Fairview Road, 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.

Demolition of existing single story residence. Construction of new two story residence with side entry garage and pool.

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

Const. Type: CBS: x Frame: _____ Colors: Building: beige 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

Name of Professional: James C. Paine, Jr. License #: AR 0009524

Phone number: 561 346-4685 Email address: painej@bellsouth.net

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Palm Beach Island Ventures LLC -James C. Paine, Jr.- Agent, Architect

Owner's Address (if different from Subject Address): 2831 Exchange Court "A"

West Palm Beach, FL 33409 Phone number: 561 346 4685

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 C. Paine, Jr.; legally authorized 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: 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-029-2017 Date: March 15,2017

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

*If Town Council review required, include Zoning Application Number: V-15-2017

I. PROJECT ADDRESS: 1055 N. 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.

Major renovation of existing one story 6,667 square foot home.

Partial demolition of first floor to include trellis area, addition of 4,665 square foot second floor, and change of style to Mediterranean. Final landscape and hardscape to be included.

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

Const. Type: CBS: X Frame: _____ Colors: Building: Light Yellow Roof: Clay

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: SKA Architect + Planner License #: AR0010181

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 3200 Washington, LLC

Owner's Address (if different from Subject Address): 143 Clarendon Avenue, Palm Beach

Phone number: (301) 928-4520

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) Joel P. Koeppel, 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-048-2017 Date: 05/08/17

Application Type:

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

*If Town Council review required, include Zoning Application Number: Z-17-00021

I. PROJECT ADDRESS: 225 Arabian Road, 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 a 2-story residence, pool, landscape and hardscape. Construction of a new 2-story residence, with pool, landscape and hardscape.

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

Const. Type: CBS: Yes Frame: _____ 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):

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

Name of Professional: Dailey Janssen Architects, Roger Janssen License #: FL #14785

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 211 Pine St. Land Trust & Dickenson Blaine C Tr.

Owner's Address (if different from Subject Address): 250 NW 4th Diagonal, Boca Raton, FL

Phone number: 561-391-1900

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) Blaine C. Dickenson, Trustee

TOWN OF PALM BEACH
Planning, Zoning & Building Department
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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-062-2017 Date: 07-14-2017

Application Type:

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

*If Town Council review required, include Zoning Application Number: Z-17-00005

I. PROJECT ADDRESS: 120 Canterbury Lane, Palm Beach 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.

Addition to existing two-story home.

The applicant is proposing to add a 2nd story addition for a guest suite above the existing one story guest suite (which will then be converted to a two-car garage). Final Landscape and hardscape.

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

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

Trim: White 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

Name of Professional: Peter Papadopoulos/ Smith and Moore Architects License #: AR92952

Phone number: 561-835-1888 Email address: peter@smithmoorearchitects.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Campana PB Trust (Stuart and Susan Bell)

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

222 Lakeview Ave., Suite 1500, West Palm Beach, FL 33401 Phone number: c/o Maura Ziska 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, Attorney for Campana PB Trust

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-064-2017 Date: 6/16/17

Application Type:

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

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

I. PROJECT ADDRESS: 209 Sanford Avenue, 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 a 2-story residence, pool, landscape and hardscape;
Construction of a new 2-story residence with pool, landscape and hardscape.

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

Const. Type: CBS: Y Frame: N Colors: Building: Yellow Roof: White

Trim: White Shutters: Black *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: Roger Janssen/Dailey Janssen Architects License #: FL# 14785

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 209 Sanford Avenue, LLC

Owner's Address (if different from Subject Address): 1555 Palm Beach Lakes Blvd., #1100
West Palm Beach, FL 33401 Phone number: 561-686-2000

Signature **(owner or owner's legally authorized agent*)**: Nannette Gammon
*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) Nannette Gammon, VP of manager of 209 Sanford Avenue, LLC

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-066-2017 Date: 6/20/17

Application Type:

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

*If Town Council review required, include Zoning Application Number: Z-17-00022

I. PROJECT ADDRESS: 910 South Ocean Bolevard, 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.

Construction of a New 2-Story Residence, Beach Cabana, (2) pools, landscape and hardscape,

and other associated improvements.

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

Const. Type: CBS: Y Frame: _____ Colors: Building: Off White Roof: Terra Cotta

Trim: Stone 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

Name of Professional: Roger P. Janssen/Dailey Janssen Architects License #: AR-14785

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: PBC Realty, LLC

Owner's Address (if different from Subject Address): Charles Becker C/O 17000 Kercheval Ave., STE 200

Groose Pointe, MI 48230-1570 Phone number:

Signature (**owner or owner's legally authorized agent***): M. Timothy Hanlon, as Atty

*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) M. Timothy Hanlon, as Atty

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: B-077-2017 Date: July 18, 2017

Application Type:

X	Major		Combination*
	Minor		Minor with notice

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

I. PROJECT ADDRESS: 330 Seaspray Ave, PALM BEACH, FL. 33480

DESCRIPTION OF THE REQUEST: RAISE THE ENTIRE HOUSE TO THE REQUIRED FLOOR PLAIN LEVEL, INTERIOR RENOVATIONS, NEW 2 CAR GARAGE ADDITION, NEW COVERED ENTRY AND NEW LANDSCAPE, HARDSCAPE & POOL.

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

Const. Type: CBS: ____ Frame: X Colors: Building: WHITE Roof: WHITE

Trim: WHITE 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

Name of Professional: MP DESIGN & ARCHITECTURE License #: AA26001667 / AR0016639

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

OWNER/AGENT INFORMATION:

Property Owner's Name: BARBARA STOIA
Owner's Address (if different from Subject Address):
Phone number: 561.3517814

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

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:

- [x] Major
- [ ] Minor
- [ ] Combination*
- [ ] 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):

- [x] 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: 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-084-2017 Date: 08/10/2017

Application Type:

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

*If Town Council review required, include Zoning Application Number: Z-17-00029

I. PROJECT ADDRESS: 2288 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.

Proposed 14' tall sculpture to be integrated into the building pool and water feature. The sculpture is proposed out of the setbacks and is located 40'+/- from the property line.

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

Name of Professional: Mario Nievera License #: LC26000557

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Roberta or Michael Joseph

Owner's Address (if different from Subject Address): 2288 Ibis Isle West, Palm Beach Florida 33480 Phone number: 561-659-2820

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 Joseph -or- Roberta Joseph

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-085-2017 Date: 8/9/2017

Application Type:

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

*If Town Council review required, include Zoning Application Number: Z-17-000-31

I. PROJECT ADDRESS: 830 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.

Demo existing gym building. Proposed 590 sq. ft 2 story addition to West courtyard. Replace all existing windows and doors. Paint house white. New stone entrance with new metal doors. Alterations to existing elevations

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

Const. Type: CBS: x Frame: _____ Colors: Building: cream Roof: orange/red

Trim: no Shutters: yes *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: La Berge & Menard License #: AA26003344

Phone number: 561.655.8582 Email address: danielamenard@gmail.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Emil and Yvonne Solomine

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

RECEIVED
By Kelly Churney at 11:53 am, Aug 24, 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-086-2017 Date: 8/17/17

Application Type:

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

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

I. PROJECT ADDRESS: 420 BRAZILIAN

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 2- STORY RESIDENCE, SECOND STORY ADDITION, ENLARGE ENTRY PORCH AND ASSOCIATED LANDSCAPE/HARDSCAPE

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

Const. Type: CBS: _____ Frame: X Colors: Building: WHITE Roof: TERRA COTTA

Trim: NONE Shutters: SEA FOAM GREEN 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: M. MARK MARSH License #: AR0009030

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 420 BRAZILIAN LLC

Owner's Address (if different from Subject Address): 3201 NEW MEXICO AVE

NW STE 220 WASHINGTON DC Phone number: 212-735-6973

Signature (**owner or owner's legally authorized agent***): Ron. Col. S. Gross

*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) RONALD S. GROSS

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-089-2017 Date: August 18, 2017

Application Type:

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

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

I. PROJECT ADDRESS: 340 Seaview Avenue, 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.
Request to modify previously approved application including:

Maintain location of existing electrical/cable & phone equipment, Relocate proposed entry arch,

Restripe parking lot to 9' wide spaces in lieu of existing 10' wide, relocate existing electrical panel that

services tennis court & proshop, Reduce overall building depth by 2', Increase quantity of rooftop HVAC units

Number of Stories: 1 Roof Material (type): Clay Barrel Tile

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

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

Name of Professional: Stephen Boruff License #: AR0007995

Phone number: 561-471-8520 Email address: Info@SBA-Arch.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Town of Palm Beach (Tom Bradford, Town Manager)

Owner's Address (if different from Subject Address): 360 South County Road

Palm Beach, FL 33480 Phone number: 561-838-5400

Signature (**owner or owner's legally authorized agent***): Thomas Bradford Digitally signed by Thomas Bradford DN: cn=Thomas Bradford, o=Town of Palm Beach, ou=Town Manager's Office, email=tbradford@townofpalmbeach.com, c=US Date: 2017.08.15 17:15:12 -04'00'

*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) Tom Bradford, Town Manager

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-091-2017 Date: 08/23/17

Application Type:

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

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

I. PROJECT ADDRESS: 249 Via Linda

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 addition to the existing residence

Interior and exterior renovations.

New pool, landscape and hardscape

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

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

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

III. DESIGN PROFESSIONAL(S):

- [4] 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: Mr. & Mrs. Robert Stiffelman

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

Phone number: 203-247-2786

Signature (**owner or owner's legally authorized agent***): Robert Stiffelman Jodi Stiffelman

*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) Robert Stiffelman, Jodi Stiffelman

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-030-2017 Date: June 28, 2017

Application Type:

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

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

I. PROJECT ADDRESS: 1120 North Lake 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.

At front (east) elevation, install black metal/glass decorative outswinging pair of doors over existing painted wood inswinging pair of doors. Existing doors to remain. At rear (west) elevation replace existing sliding glass doors with 5 pairs of French doors with elliptical transoms above, Relocate bike trail access gate and steps south to north side of property

Number of Stories: 1 Roof Material (type): flat roof w/ parapet

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

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

Name of Professional: James C. Paine, Jr. License #: FL ARCH # 0009524

Phone number: (561) 346-4685 Email address: painej@bellsouth.net

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: [redacted] 1120 North Lake Way, LLC.

Owner's Address (if different from Subject Address): 1110 N. Lake Way, Palm Beach, Florida, 33480

Phone number: [redacted] 914-588-0732

Signature (owner or owner's legally authorized agent*): Paula L. Butler, manager

*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) Paula Butler, [redacted] member-manager

Rev 12/2016

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: A-033-2017 Date: June 14, 2017

Application Type:

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

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

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 a new roof skylight and replacement of windows on the second floor of the east facade of the main home, relocation of the driveway with new landscaping and low, stuccoed site wall. Work at cabana side of property is to include relocation of existing chain link fencing, minor landscaping and removal of deck pavers as indicated.

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):

- [x] 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-040-2017 Date: August 2, 2017

Application Type:

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

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

I. PROJECT ADDRESS: 250 Ocean Terrace

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.

Modifications to previously approved front entry steps, gates and front door.

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):

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

Kirchhoff & Associates Architects
Name of Professional: Thomas M. Kirchhoff License #: AR 0014635

Phone number: 561-575-9994 Email address: tmk@kirchhoffarchitects.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: The David G. Lambert 2015 Revocable Trust

Owner's Address (if different from Subject Address): POB 3166 Palm Beach, Fl 33480 Phone number: 561-575-9994

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) Maura Bhe, 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: A-042-2017 Date: 09/12/17

Application Type:

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

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

I. PROJECT ADDRESS: 254 PALMO 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.
CONSTRUCT A DECORATIVE WHITE METAL LATTICE AT FRONT ENTRY.
REPLACE EXISTING DOOR WITH A NEW LOUVERED DOOR AND SIDELIGHTS.
REPLACE EXISTING DOOR WITH A DOUBLE HUNG WINDOW AND SHUTTERS TO MATCH EXISTING.
PAINT STUCCO ON HOUSE - COLOR BENJAMIN MOORE 057 (COR. SUNSET) OR 078 (PEACH MELBA)
PAINT SHUTTERS ON HOUSE - COLOR BENJAMIN MOORE 486 (SPRING MEADOW)
CONSTRUCT TWO NEW (6) SIX FOOT HIGH STUCCO WALLS WITH CONCRETE CAP ON EAST AND WEST SIDES OF PROPERTY AND ADD WHITE GATE AND FENCE BETWEEN WALL AND HOUSE TO MATCH EXISTING AT MAILBOX.
Number of Stories: 1 Roof Material (type): CONCRETE TILE

Const. Type: CBS: ✓ Frame: _____ Colors: Building: YELLOW Roof: WHITE

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

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: GRIFFITH SOUTH CONSTRUCTION, INC License #: U-21849 / RG 291103872

Phone number: (561) 805-5300 Email address: EDEMARCO@GRIFFITHCONSTRUCTION.NET

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: NATHANIEL P. HAMILTON

Owner's Address (if different from Subject Address): 500 ROSE LANE HAVERFORD, PA. 19041

Phone number: (610) 745-1155

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) FRANK DEMARCO / OWNER AGENT / DIRECTOR OF SOUTHERN OPERATIONS

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-043-2017 Date: 9/6/17

Application Type:

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

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

I. PROJECT ADDRESS: 232 Worth 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.

Remove black aluminum storefront surround and install a decorative white stucco surround.

Remove Brass trim from existing black storefront.

Number of Stories: 1 Roof Material (type): Built up Roof

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

Trim: White Shutters: NA *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 Hansrote License #: 14300

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Palm V Associates Ltd.

Owner's Address (if different from Subject Address): 256 Worth Av Suite 200

Phone number: 561-820-0027

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) Burton Handelsman