



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-069-2017

Date: 6.29.17

Application Type:

☒

Major
Minor

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Combination*
Minor with notice

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

- I. **PROJECT ADDRESS:** 726 Hi Mount 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.

Demolition of an existing two-story residence, pool, pool deck, stairs and hardscape.

Number of Stories: 2 Roof Material (type): ~~asph/flat shingle~~ CERAMIC TILE

Const. Type: CBS: _____ Frame: x Colors: Building: white Roof: dark grey WHITE

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

III. **DESIGN PROFESSIONAL(S):**

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Architect
Landscape Architect
Other: _____

☐

Design Consultant
Engineer

Name of Professional: Harold Smith/Smith and Moore Architects License #: RA0008742

Phone number: (561) 835-1888 Email address: harold@smithmoorearchitects.com

IV. **OWNER/AGENT INFORMATION:**

Property Owner's Name: Nancy Z. Lane

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

Phone number: _____

Signature (owner or owner's legally authorized agent*): Nancy Lane
*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 Lane, 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-073-2017 Date: July 12, 2017

Application Type: ☒ Major ☐ Minor ☐ Combination* ☐ Minor with notice

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

- I. PROJECT ADDRESS: 261 Nightingale Trail
- 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 1-story residence, pool, hardscape and selected landscape

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

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

Name of Professional: Ralph Cantin AIA License #: AR 0015176

Phone number: (561) 310-8039 Email address: ralphcantin@gmail.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Jeffrey A. Cole

Owner's Address (if different from Subject Address): 1190 N. Ocean Blvd, Palm Beach 33480

Phone number: (561) 543-6889

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

*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 A. Cole



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-079-2017

Date: August 23, 2017

Application Type:

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Major
Minor

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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.

1. Demolition of all improvements, landscape and hardscape (excluding
seawall, sitewalls and retaining walls).

2. Sod and irrigate.

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):

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Architect
Landscape Architect
Other: Attorney

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Design Consultant
Engineer

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 in 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-006-2017

Date: May 16, 2017

Application Type:

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Major
Minor

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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):

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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: B-008-2017 Date: 12-16-2016

Application Type:

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Major
Minor

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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):

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Architect
Landscape Architect
Other: _____

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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*): Manazion
*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-009-2017 Date: 12-16-2016

Application Type:

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Major
Minor

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Combination*
Minor with notice

*If Town Council review required, include Zoning Application Number: Site Plan Review #2-2017

I. **PROJECT ADDRESS:** 12 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.

Classical style two-story home to be 6,958 square feet consisting of 4 bedrooms,

five and one half bathrooms, kitchen, dining room, family room, library, loggias,

and two car garage. Final landscape, hardscape and drainage to be included.

Number of Stories: 2 Roof Material (type): concrete tile Const. Type: _____

CBS: X Frame: _____ Colors – Building: White Roof: Grey Trim: Stucco

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

III. **DESIGN PROFESSIONAL(S):**

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Architect
Landscape Architect
Other: _____

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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: JDC Florida Properties, LLC

Owner's Address (if different from Subject Address): 12 Via Vizcaya, Palm Beach, FL 33480

Phone number: 561 655-1116

Signature (owner or owner's legally authorized agent*): Marc Zito
*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-020-2017

Date: MARCH 22, 2017

Application Type:

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Major
Minor

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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 HAZDSCAPE
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):

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Architect
Landscape Architect
Other: _____

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Design Consultant
Engineer

Name of Professional: FAIRFAX SAMMONS & PARTNERS License #: AR00016906

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 202 ONONDAGA LLC

Owner's Address (if different from Subject Address): 11750 LAKE SHORE 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
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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:

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Major
Minor

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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):

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Architect
Landscape Architect
Other: _____

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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*): [Signature]
*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-053-2017

Date: May 23, 2017

Application Type:

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Major

Minor

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Combination*
Minor with notice

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

I. PROJECT ADDRESS: 671 ISLAND DRIVE, PALM BEACH, FL. 33480

DESCRIPTION OF THE REQUEST: PROPOSED NEW TWO-STORY RESIDENCE WITH TWO CAR GARAGE, LANDSCAPE, HARDSCAPE & POOL.

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

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

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

III. DESIGN PROFESSIONAL(S):

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Architect

Landscape Architect

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Design Consultant

Engineer

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

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

OWNER/AGENT INFORMATION:

Property Owner's Name: MR. & MRS. ROGER TAYLOR CONTRACT PURCHASER

Owner's Address (if different from Subject Address): 260 N. WOODS RD. PALM BEACH, FL. 33480

Phone number: (917)327-4576

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

Marvin S. Rosen

*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)

Marvin S. Rosen, 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-054-2017** Date: **May 23, 2017**

Application Type:

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Major
Minor

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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):**

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Architect Design
Landscape Architect

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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 Zima, 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-057-2017

Date: 08/23/17

Application Type:

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Major
Minor

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Combination*
Minor with notice

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

I. PROJECT ADDRESS: 130 DOLPHIN RD. PALM BEACH, FL 33480

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

RENOVATION AND PARTIAL FIRST AND SECOND
FLOOR ADDITIONS TO EXISTING ONE STORY
RESIDENCE. LANDSCAPE AND HARDSCAPE
CHANGES

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

Const. Type: CBS: ☒ Frame: ☒ Colors: Building: WHITE Roof: GRAY

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

III. DESIGN PROFESSIONAL(S):

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Architect
Landscape Architect
Other: _____

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Design Consultant
Engineer

Name of Professional: RICHARD F. SAMMONS License #: AR0016906

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 130 DOLPHIN RD. L.L.C.

Owner's Address (if different from Subject Address): 400 ROYAL PALM WAY, STE 404
PALM BEACH, FL 33480 Phone number: _____

Signature (owner or owner's legally authorized agent*): Jaime Torres-Gruiz
*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-GRUIZ (PROJECT 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-059-2017 Date: 6/21/17

Application Type:

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Major
Minor

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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.

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):**

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Architect
Landscape Architect
Other: _____

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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*): Sidney Ritman

*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: B-067-2017

Date: May 25, 2017

Application Type:

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Major
Minor

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Combination*
Minor with notice

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

I. PROJECT ADDRESS: 218 La Puerta 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.

New two story Island style home to be approximately 5,000 square feet.

Home will consist of four bedrooms, five and one half bathrooms, living room,

dining room, kitchen, family room, library, loggia(s) and two car garage.

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

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

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

III. DESIGN PROFESSIONAL(S):

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Architect
Landscape Architect
Other: _____

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Design Consultant
Engineer

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

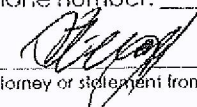
Phone number: (561) 655-1116 Email address: pat@skaarchitect.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 218LPW, LLC

Owner's Address (if different from Subject Address): P.O. Box 4472, NY NY 10163

Phone number: (212) 371-4207

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) Tess Steyn, Secretary, 218LPW, 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-062-2017 Date: 07-14-2017

Application Type:

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Major
Minor

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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):

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Architect
Landscape Architect
Other: _____

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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
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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):

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Architect
Landscape Architect
Other: _____

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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
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360 S. County Rd.
Palm Beach, FL 33480

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-072-2017

Date: 7/12/2017

Application Type:

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Major
Minor

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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: Benjamin Moore Palace
Colors: Building: White Roof: Grey

Trim: Benjamin Moore Windows: Benjamin Moore
Papaya White Dove *this information to be included on the cover sheet of the ARCOM plans

III. **DESIGN PROFESSIONAL(S):**

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Architect
Landscape Architect
Other: _____

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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:

☒

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):

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Architect
Landscape Architect
Other: _____

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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*):

*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-076-2017

Date: 7/14/17

Application Type:

☒
☐

Major
Minor

☒
☐

Combination*
Minor with notice

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

- I. **PROJECT ADDRESS:** 100 Sunrise Ave. Penthouse 7
- 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.

Install 5 retractable awnings on the seventh floor on the Northwest side of 100

Sunrise Ave. The awnings will be installed off of penthouse 7.

Number of Stories: 7 Roof Material (type): BUR

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

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

- III. **DESIGN PROFESSIONAL(S):**

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Architect
Landscape Architect
Other: _____

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Design Consultant
Engineer

Name of Professional: David Lawrence License #: AR16260

Phone number: 561 588 5070 Email address: dlawr64@dlarchitect.com

- IV. **OWNER/AGENT INFORMATION:**

Property Owner's Name: Shaz Mossanen & Betty Mossanen

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

Phone number: 212-317-5050

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 A. 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: B-077-2017

Date: July 18, 2017

Application Type:

☒	Major	☐
☐	Minor	☐

Combination*
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):

☒	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*):

*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 Stoya



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-078-2017 Date: August 23rd, 2017

Application Type:

☒

Major
Minor

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Combination*
Minor with notice

*If Town Council review required, include Zoning Application Number: Z-17-00024

I. PROJECT ADDRESS: 266 Atlantic 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.

Additions and alterations of a SFR 1 story built in 1920 to include:

1 bedroom covered breezeway addition, impact windows & doors, standing
seam metal roof, landscape & hardscape, pool & associated changes.

Number of Stories: (1) Roof Material (type): White Standing Seam Metal

Const. Type: CBS: N/A Frame: Wood Colors: Building: Lt. Blue Roof: White

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

III. DESIGN PROFESSIONAL(S):

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Architect
Landscape Architect
Other: _____

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Design Consultant
Engineer

Name of Professional: StudioSR Architecture & Design, Inc. License #: AA26003104

Phone number: 561.818.1152 Email address: rs@std-sr.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Estate of Sandra T. Kaupe

Owner's Address (if different from Subject Address): (Family Contact): Shari T. Wilson

Phone number: 1-202-387-2760 (H) 1-410-336-1510 (C)

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 in fact



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
Minor



Combination*
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
Landscape Architect
Other: _____



Design Consultant
Engineer

Name of Professional: MP DESIGN : ARCHITECTURE License #: AA260167/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: A-018-2017 Date: May 10, 2017

Application Type:

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Major
Minor

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Combination*
Minor with notice

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

I. PROJECT ADDRESS: 2100 S. 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.

Landscape, hardscape and landscape lighting improvements to the guardhouse median, entry drive, porte cochere, and surface parking lots

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):

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Architect
Landscape Architect
Other: _____

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Design Consultant
Engineer

Name of Professional: Tiffany D. May License #: 6667274

Phone number: 561-478-8501 Email address: tiffany.may@wginc.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: The 2100 Condominium Association, Inc.

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

Phone number: 561-582-4285

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) Angela Biagi, Senior Project 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-030-2017 Date: June 28, 2017

Application Type:

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Major
Minor

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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: 2 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):**

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Architect
Landscape Architect
Other: _____

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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: ~~Paula and Robert Butler~~ 1120 North Lake Way, LLC.

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

Phone number: ~~(561) 346-0545~~ 914-588-0732

Signature (owner or owner's legally authorized agent*): Paula Butler, member-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, member-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-033-2017 Date: June 14, 2017

Application Type:

☐
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Major
Minor

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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):

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Architect
Landscape Architect
Other: _____

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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-037-2017

Date: 14 June 2017

Application Type:

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Major
Minor

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☐

Combination*
Minor with notice

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

I. PROJECT ADDRESS: 253 Jamaica Lane 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.

Changing hardscape material in the driveway from red brick to a grey paver field pattern and tumbled travertine border.

Entry landing/steps is being reconfigured. Travertine will be installed to match the existing travertine in the driveway.

Proposed landscape alterations against the front facade and minor changes to the sides at the front.

In the back there are proposed changes to the back and side buffers and minor changes along the facade of the building.

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

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

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

III. DESIGN PROFESSIONAL(S):

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Architect
Landscape Architect
Other: _____

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Design Consultant
Engineer

Name of Professional: Andres Paradelo (Paradelo Burgess Design Studio) License #: LA 6667220

Phone number: 561.951.7525 Email address: andresparadelo@gmail.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Mr. Timothy Sweeney

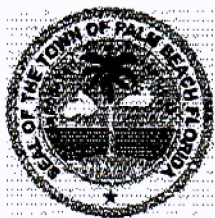
Owner's Address (if different from Subject Address): _____

Phone number: 617-571-3496

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) TIMOTHY M. SWEENEY



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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: A-004-2017

Date: 02/01/2017

Application Type:

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Major
Minor

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Combination*
Minor with notice

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

I. PROJECT ADDRESS: 314 Dunbar 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.

Modify a condition of approval of the previously approved gate in A-053-2016

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):

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Architect
Landscape Architect
Other: _____

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Design Consultant
Engineer

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: Marilyn R. Sultan

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

Phone number: 212-941-8088

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

Marilyn R. Sultan

*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) Marilyn R. Sultan, 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: A-035-2017

Date: 08/07/2017

Application Type:



Major
Minor



Combination*
Minor with notice

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

- I. PROJECT ADDRESS: 390 North Lake Way, 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.

See Attached

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

Name of Professional: Katherine Field License #: FLA 107

Phone number: 401-598-6848 Email address: Kate@Katherinefield.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 390NLWPB LLC

Owner's Address (if different from Subject Address): 390 North Lake Way
Palm Beach FL Phone number: 401-848-2750

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



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-039-2017 Date: 7/19/17

Application Type:

☐

Major
Minor

☒

Combination*
Minor with notice

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

- I. PROJECT ADDRESS: 412 BRAZILIAN 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.

MODIFICATION TO A PREVIOUSLY APPROVED ARCOM PROJECT.
REVISIONS INCLUDE CHANGES TO THE EAST AND WEST
LANDSCAPE BUFFERS AND THE FRONT ENTRY COURT GARDEN.

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):

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Architect
Landscape Architect
Other: _____

☐

Design Consultant
Engineer

Name of Professional: DUSTIN MIZELL / ENVIRONMENT DESIGN GROUP License #: 6666784

Phone number: (561) 832-4600 Email address: DUSTINC ENVIRONMENT DESIGN GROUP.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Gary Pohrer, 412 Brazilian Partners LLC.

Owner's Address (if different from Subject Address): 260 El Pueblo Way

Phone number: 561 262 0856

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

*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) Gary Pohrer - 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: A-040-2017 Date: August 2, 2017

Application Type:

☒

Major
Minor

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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):**

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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:**

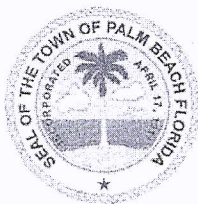
Property Owner's Name: The David G. Lambert 2015 Revocable Trust

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 Zine, 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-041-2017

Date: AUG. 3 2017

Application Type:

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Major
Minor

☐

Combination*
Minor with notice

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

I. PROJECT ADDRESS: 257 SANDPIPER DRIVE, EXISTING HOME

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.

Upgrade landscaping. Install two 79 inches high neoclassical marble urns in existing front garden on private property. Install new hedges at front and rear garden of existing home. Relocate pygmy palms from existing pool area to east side garden.

Number of Stories: N/A Roof Material (type): N/A

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

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

III. DESIGN PROFESSIONAL(S):

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Architect
Landscape Architect
Other: _____

☐

Design Consultant
Engineer

Name of Professional: TONY GRIMALDI License #: LC 26000459

Phone number: 561-972-0917 Email address: palmbeachtony@yahoo.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: PALM FAMILY TRUST 2017, GAIL DRUMMOND TRUSTEE

Owner's Address (if different from Subject Address): 22 EDGAR AVENUE
TORONTO, ONTARIO CANADA
TEL: 416-846-6722 Phone number: MAN 249

Signature (owner or owner's legally authorized agent*): Gail Drummond 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) PALM FAMILY TRUST 2017, GAIL DRUMMOND TRUSTEE