## APPLICATION FOR ARCHITECTURAL COMMISSION REVIEW

*(Please refer to attached Electronic Submission Instructions)*

**ARCOM CASE #:** B - 070 - 2016

1. Project Address: 266 Fairview Road, Palm Beach, FL 33480

2. Name of the Applicant: Beacon 266 LLC
   1400 Gulf Shore Blvd N #106
   Address: Naples, FL 34102 Telephone#: (239) 261-4000

3. Name of Architect/Engineer: MHK Architecture & Planning & Lang Design Group
   (239)
   Phone #: 250-9915 Architect's e-mail address: mkragh@mhkap.com / mmclean@mhkap.com

4. Brief description of the project: (The exact wording in this section will appear on the ARCOM agenda . Please include a comprehensive summarized description of the project which describes the changes)

   Construction of a new two story single-family residence with pool, spa, hardscape and landscape

5. Are there any Town Council approvals necessary to complete the project? YES OR NO
   Please provide variance, site plan review, and/or special exception numbers:

6. Number of stories: 2 Roof material (type): Certi-Sawn Taperswan Shake Const. Type: CBS ? yes
   Frame?: no Colors: Building: white Roof: Cedar Trim: white Shutters: n/a
   *also, please provide the above information on the cover sheet of the ARCOM plans.*

7. **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 property owner authorizing the signer to sign on owner's behalf.**

   ☐ **Please check box if you are an ARCOM member, and this project will result in a Voting Conflict for you.**

*(Please use the attached checklist to ensure that your application is complete. Incomplete applications may cause a deferral of the request. If you have any questions regarding the requirements, please call John Lindgren, at 227-6414 or the ARCOM Secretary at 227-6408 well in advance of the submission deadline.)*

| FEES: | | |
|---|---|---|
| | Major projects (with or without landscape/hardscape): | $750.00 |
| | Landscape/Hardscape/Site Lighting: | $750.00 |
| | Minor projects (awnings, signs, fenestration): | $250.00 |
| | Deferred projects: | no charge |

**SUBMISSION DEADLINES:** **(Please refer to attached electronic submission instructions)**
**Major projects:** - 30 days prior to the meeting, or as listed on the Town's Architectural Commission Meeting Dates and Filing Deadlines list available at www.townofpalmbeach.com

**Minor projects:** - Two weeks prior to the next scheduled meeting
Deferrals: - No later than one week prior to the scheduled meeting (with changes clouded)
Revisions: - No later than one week prior to the scheduled meeting (with changes clouded), together with a written narrative that succinctly details the changes made.

**MEETING DATES:** Please see ARCHITECTURAL COMMISSION MEETING DATES AND FILING DEADLINES on Town website at www.townofpalmbeach.com

*The Architect and/or Landscape Architect is advised that he/she will be responsible for acknowledging, prior to the issuance of a Certificate-of-Occupancy, that the as-built design matches the original ARCOM approved design, with the exception of other ARCOM or staff approvals.*

Revised 06/16/16

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

## APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-006-2017 Date: May 16, 2017

Application Type:

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

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

I. PROJECT ADDRESS: 218 MIRAFLORES DRIVE

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

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

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

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

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

III. DESIGN PROFESSIONAL(S):

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

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

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: VERA ALFIERI MONFORTE

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

_____ Phone number: _____

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

- [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-024-2017 Date: 03/08/17

Application Type:

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

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

I. PROJECT ADDRESS: 144 Seminole 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 1-story single family residence and construction of a new 2-story single family residence, new hardscape and landscape.

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

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

Trim: White + stone Shutters: n/a *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

Name of Professional: La Berge & Menard Inc. License #: AA26003344

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Ebil Management Limited

Owner's Address (if different from Subject Address): 50 Scollard St.

Toronto, Ontario M5R1E9 Phone number: 416.258.7026

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) Eric Breslen, President

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:
- [x] Major
- [ ] Minor
- [x] 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):
- [x] 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-040-2017 Date: APRIL 17, 2017

Application Type:

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

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

I. PROJECT ADDRESS: 200 MOCKINGBIRD TRAIL, PALM BEACH, FL. 33480

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

**DEMOLITION OF EXISTING RESIDENCE. NEW TWO STORY SHINGLE STYLE RESIDENCE WITH HARDSCAPE/ LANDSCAPE AND POOL.**

Number of Stories: TWO Roof Material (type): CYPRESS SHINGLE

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

Trim: WHITE Shutters: WHITE *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

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

OWNER/AGENT INFORMATION:

Property Owner's Name: MR. & MRS. KEN VIELLIEU

Owner's Address (if different from Subject Address): 199 WOODLEY RD. WINNETKA, IL.60093

Phone number: (847) 404 3544

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

*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) Amy Vielliu / Owner

# Revised Notice to Include Demolition

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--052--2017 Date: May 11, 2017

Application Type:

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

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

I. PROJECT ADDRESS: 158 Everglade Avenue, Palm Beach FL 33480

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

Demolition and new construction of Mediterranean style home to be approximately 4,200 square feet. Home will consist of four bedrooms, five and one half bathrooms, living room, kitchen, family room, laundry room and two car garage. Final landscape and hardscape to be included.

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

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

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

III. DESIGN PROFESSIONAL(S):

- [✓] 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: Stephen & Delores Wolf

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

P.O. Box 1400, Middleburg, VA 20118 Phone number: (703) 981-2177

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) Stephen & Delores Wolf, owners

Stephen & Delores Wolf

**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:

| | | | |
|---|---|---|---|
| [X] | Major | [ ] | Combination* |
| [ ] | Minor | [ ] | 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):

| | | | |
|---|---|---|---|
| [X] | Architect | [ ] | Design Consultant |
| [ ] | Landscape Architect | [ ] | 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-057-2017 Date: 08/23/17

Application Type:

- [x] Major
- [ ] Minor
- [ ] 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: X Colors: Building: WHITE Roof: GRAY

Trim: CHARCOAL Shutters: X *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

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

Phone number: 561-805-8591 Email address: JTORRES@THEFAXANDSAMMONS.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 400A PALM BEACH, FL. 33480 Phone number: _____

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 ARCHITECT)

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: 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: Green *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
360 S. County Rd.
Palm Beach, FL 33480

## APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-051-2017 Date: May 23, 2017

Application Type:

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

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

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 a portion of the existing fixed storefront glass and install a new impact resistant aluminum and glass door to match the existing storefront.

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

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

Trim: Black 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: ACI, Inc. Roger Hansrote License #: 14300

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Palm V Associates LTD.

Owner's Address (if different from Subject Address): 256 WORTH AVE STE 200

Palm Beach, 33480 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 - 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-059-2017 Date: 6/21/17

Application Type:

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

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

I. PROJECT ADDRESS: 257 Royal Poinciana Way

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

Changes to front and rear facade.

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

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

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

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: Keith Spina License #: 13419

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 257 RPW LLC

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

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

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

(printed name and title) Sidney Ritman, Owner

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

# APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-060-2017 Date: 5/21/17

Application Type:

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

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

I. PROJECT ADDRESS: 1265 So. 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.
Miscellaneous general revisions to the main residence, accessory structures, landscape, hardscape and pools. Reference previous ARCOM #B-048-2016.

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

Const. Type: CBS: X Frame: _____ Colors: Building: Limestone Roof: Limestone and painted F.R.P.

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

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: Smith Architectural Group, Inc and Atelier UGO SAP License #: AR-9772

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Blossom Way Holdings LLC

Owner's Address (if different from Subject Address): 131 S. Dearborn St.

Chicago, IL 60603 Phone number: 312-395-2685

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 Zibna, 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: B-061-2017 Date: 06/08/2017

Application Type:

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

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

I. PROJECT ADDRESS: 201 Kenlyn 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.

Proposed new vehicular entry gate at North Ocean Way driveway

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: Robert I Gease

Owner's Address (if different from Subject Address): 201 Kenlyn Road, Palm Beach

_____ Phone number: (561) 655-3900

Signature (**owner or owner's legally authorized agent***): Robert I. Gease

*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 I. Gease

**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-063-2017 Date: 6.20.17

Application Type:

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

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

I. PROJECT ADDRESS: 201 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.

Construction of a new Monterey Style two-story single family residence with pool. Final hardscape and landscape.

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

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

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: Harold Smith/Smith and Moore Architects License #: AR0008742

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 1963 Trust 201 Ocean Terrace, LLC

Owner's Address (if different from Subject Address): 1800 Byberry Road, Ste. 1100

Huntingdon Valley, PA 19006 Phone number: (215) 913-5125

Signature (**owner or owner's legally authorized agent***): Rowland M Smith III 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) ROWLAND M. SMITH III 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-065-2017 Date: June 15,2017

Application Type:

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

*If Town Council review required, include Zoning Application Number: Z-17-00014

I. PROJECT ADDRESS: 280 North County 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.

New two-story Classical style home to be approximately 7,211 square feet. Home will consist of 5 bedrooms, 7 bathrooms, powder room, living room, dining room, kitchen, family room, loggia, and three-car garage with guest suite above. Final landscaping will be included

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

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

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

III. DESIGN PROFESSIONAL(S):

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

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

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 280 NCR, LLC

Owner's Address (if different from Subject Address): 400 Royal Palm Way, Suite 404, Palm Bch, FL 33480

Phone number: (561) 655-6221

Signature (**owner or owner's legally authorized agent***): 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) Gary Rabideau, 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-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: B-067-2017 Date: May 25, 2017

Application Type:

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

- [x] 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: 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-068-2017 Date: 06/15/2017

Application Type:

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

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

I. PROJECT ADDRESS: 888 South Ocean Boulevard

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

A second floor bedroom addition to an existing two-story residence.

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

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

Trim: white 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: Harold J. Smith License #: AR0008742

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Dr. Roosey Khawly

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

_____ Phone number: (561) 306-0390

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) Dr. Roosey Khawly, owner

RECEIVED
By Kelly Chorney at 1:20 pm, May 11, 2017

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

## APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: A-018-2017 Date: May 10, 2017

Application Type:

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

- [ ] Architect
- [x] Landscape Architect
- [ ] Other: _____
- [ ] 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:

- [ ] 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: 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):

- [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-037-2017 Date: 14 June 2017

Application Type:

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

- [ ] Architect
- [x] Landscape Architect
- [ ] Other: _____
- [ ] 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
360 S. County Rd.
Palm Beach, FL 33480

# APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: A-027-2017 Date: June 21, 2017

Application Type:

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

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

I. PROJECT ADDRESS: 425 Chilean Avenue, Palm Beach, FL 33480

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

Change east facing garage doors to south facing, hardscape reduction, and increased landscape.

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

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

Trim: Limestone 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: Kevin Asbacher License #: AR95435

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Lorraine S. Charman

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

_____ Phone number: 404-846-0880

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: A-038-2017 Date: 6/27/17

Application Type:

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

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

I. PROJECT ADDRESS: 1086 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.
SELECTIVE EXTERIOR IMPROVEMENTS TO INCLUDE:
- REMOVE & REPLACE SELECTIVE WINDOWS & DOORS
- ADDITION OF (2) ROOF TERRACES ON SECOND FLOOR - REAR OF PROPERTY

Number of Stories: 2 Roof Material (type): CONCRETE TILE

Const. Type: CBS: ✓ 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):

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

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: Marc A. Stefanski

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

Phone number: 216-403-9899

Signature (**owner or owner's legally authorized agent***): Marc A Stefanski
*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) Marc A. Stefanski, owner