



**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-043-2017

Date: 4/18/17

Application Type:

☒

Major  
Minor

☐

Combination\*  
Minor with notice

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

- I. PROJECT ADDRESS: 334 CHILEAN AVE
- 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**

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: M. Mark Marsh License #: AR0009030

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

- IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 334 CHILIAN, LLC

Owner's Address (if different from Subject Address): 1203 LOG CABIN LANE

ST. LOUIS, MO 63124 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)

MARY RANDOLPH BALLINGER - 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-045-2017

Date: 4/25/2017

Application Type:

☒

Major  
Minor

☐

Combination\*  
Minor with notice

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

I. PROJECT ADDRESS: 210 Miraflores (PC# 50-43-43-14-02-000-0011)

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

DEMOLITION OF EXISTING RESIDENCE

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: ROBERT L. BELL License #: 7284

Phone number: (561) 683-9133 Email address: RB3PA@aol.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 210 Miraflores LLC

Owner's Address (if different from Subject Address): 354 CHILIAN AVENUE

PALM BEACH FLORIDA 33480 Phone number: (561) 309-7059

Signature (owner or owner's legally authorized agent\*): Robert L. Bell

\*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 L. BELL / 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-049-2017 Date: May 24, 2017

Application Type:

☒

Major  
Minor

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Combination\*  
Minor with notice

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

- I. PROJECT ADDRESS: 596 North County Road, Palm Beach, FL
- II. DESCRIPTION OF THE REQUEST: The exact wording in this section will appear on the ARCOM Agenda. Please include a comprehensive summarized description of the proposed project.

Demolition of a one-story residence, covered porch, equipment enclosure, pool, pool deck, wood trellis, hardscape and landscape

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: Nelo R. Freijomel License #: AR0097783

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

- IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Michael & Suzanne Ainslie

Owner's Address (if different from Subject Address): 202 Plantation Road  
Palm Beach, FL 33480

Phone number: \_\_\_\_\_

Signature (owner or owner's legally authorized agent\*): *Michael L. Ainslie*

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

(printed name and title)

Michael L. Ainslie





**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-050-2017** Date: **May 24, 2017**

Application Type:

- ☒ Major ☐ Combination\*  
☐ Minor ☐ Minor with notice

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

I. **PROJECT ADDRESS:** **1565 North Ocean 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.  
**Request approval for the demolition of a one story (approx. 8,214 sq. ft.) brick main structure with clay barrel tile roof. The main structure also includes a below grade automobile garage at the northwest corner and a (approx. 480 sq. ft.) tower element at the east facade. Request approval for the demolition of a one story (approx. 432 sq. ft.) brick cabana structure with clay barrel tile roof located to the south of the main structure. Request approval for the demolition of the existing generator building. Request approval for the removal of the existing swimming pool and all on grade walkways, terraces, porches, and loggias related to the main structure and cabana. Request approval for the removal of the automobile drive except as noted below. The existing site wall, main gate and service gate along North Ocean Way are to remain. At both the main gate and service gate, approximately 40 feet of the existing automobile drives into the property will remain. All perimeter landscaping is to remain, and, landscaping adjacent to the structures to be demolished will be relocated, to the fullest extent possible. Grade at the location of the demolished structures will be leveled to meet existing adjacent grade elevations, sodded and irrigated.**

Number of Stories: **One Story with Tower Feature** Roof Material (type): **Clay Barrel**

Const. Type: CBS: **X** Frame: Colors: Building: **Brick** Roof: **3 Color Clay Barrel**

Trim: **Wood** Shutters: **Aluminum** \*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: **Eugene Pandula Architect** License #: **AR 9015**

Phone number: **561-818-0473** Email address: **ubege@aol.com**

IV. **OWNER/AGENT INFORMATION:**

Property Owner's Name: **Rick Kozell for George and Frayda Lindemann**

Owner's Address (if different from Subject Address): **N/A**

Signature (owner or owner's legally authorized agent\*): **[Signature]** Phone number: **561-252-5423**

\*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) **Richard Kozell, attorney for George + Frayda Lindemann**





**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-001-2017

Date: 4-18-17

Application Type:

☒

Major  
Minor

☒

Combination\*  
Minor with notice

\*If Town Council review required, include Zoning Application Number: VAR 19-2017

- I. PROJECT ADDRESS: 242 Cherry Lane
- 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.

Single story addition to a SFR

Number of Stories: 1 Roof Material (type): Flat cement tile Const. Type: CBS

CBS: ☒ Frame: \_\_\_\_\_ Colors - Building: White Roof: White Trim: White

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

III. DESIGN PROFESSIONAL(S):

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Architect  
Landscape Architect  
Other: \_\_\_\_\_

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Design Consultant  
Engineer

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

Phone number: 561 346-4685 Email address: painejob@bcbouth.net

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 242 Cherry LLC - Jeanette Sublett, member

Owner's Address (if different from Subject Address): \_\_\_\_\_

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) Maura Ziska, Esq.



**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: \_\_\_\_\_ Date: 12-16-2016

Application Type: ☒ Major ☐ Minor ☒ 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):

☒ Architect ☐ Design Consultant  
☐ Landscape Architect ☐ Engineer  
☐ Other: \_\_\_\_\_

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:

☒

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:

☐

Major  
Minor

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Combination\*  
Minor with notice

\*If Town Council review required, include Zoning Application Number: VAR #12-2017

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):

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Architect  
Landscape Architect  
Other: \_\_\_\_\_

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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 LAKE SHORE PL.

NORTH PALM BEACH, FL 33408 Phone number: 617-497-3550

Signature (owner or owner's legally authorized agent\*): AIME 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) AIME 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-021-2017 Date: 02/23/2017

Application Type:

☒

Major  
Minor

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Combination\*  
Minor with notice

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

- I. PROJECT ADDRESS: 1900 South Ocean Blvd
- II. DESCRIPTION OF THE REQUEST: The exact wording in this section will appear on the ARCOM Agenda. Please include a comprehensive summarized description of the proposed project.

Main entry gate and columns and service gate with columns

Number of Stories: \_\_\_\_\_ Roof Material (type): \_\_\_\_\_ Const. Type: \_\_\_\_\_

CBS: \_\_\_\_\_ Frame: \_\_\_\_\_ Colors – Building: \_\_\_\_\_ Roof: \_\_\_\_\_ Trim: \_\_\_\_\_

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

- III. DESIGN PROFESSIONAL(S):

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Architect  
Landscape Architect  
Other: \_\_\_\_\_

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Design Consultant  
Engineer

Name of Professional: Mario Nievera (Keith Williams) License #: LC26000557

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

- IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Keith Frankel

Owner's Address (if different from Subject Address): 87 Brookside Terrace, Caldwell,  
New Jersey 07006 Phone number: 561-602-9983

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) Keith Frankel





**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:

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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: **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):

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Architect

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Landscape Architect

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Other: \_\_\_\_\_

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Design Consultant

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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**

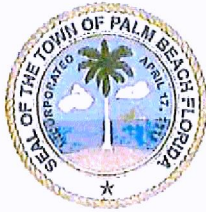
Owner's Address (if different from Subject Address): **50 Scollard St.**

**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 Braslen, 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:

☒

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-035-2017 Date: 4/19/17

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

\*If Town Council review required, include Zoning Application Number: Site Plan Review #4-2017 w/Variances

I. PROJECT ADDRESS: 3030 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.  
See attached

Number of Stories: 6 Roof Material (type): N/A  
Const. Type: CBS: X Frame:          Colors: Building: Cream Roof: N/A  
Trim: Cream Shutters: N/A \*this information to be included on the cover sheet of the ARCOM plans

III. DESIGN PROFESSIONAL(S): \* see attached

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

Name of Professional: Lynn Bender License #: LA6666715  
Phone number: 561-644-3237 Email address: lbenderlarch@gmail.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: The Palmbeacher Apartments Inc.  
Owner's Address (if different from Subject Address): 3030 South Ocean Boulevard  
Palm Beach, FL 33480 Phone number: 561-650-0632

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) James M. Crowley, Esq.

## **Application for Project Review By The Architectural Review Commission**

**Application Number: B-035-2017**

### **II. Description of the Request:**

The PalmBeacher condominium building was originally constructed in the 1960's and is now seeking approval for landscape & hardscape improvements to the rear property (east side of building facing ocean), which were initially triggered by the re-construction of a new seawall in 2015-2016. Proposed renovations include all new plantings, a pool deck expansion with new perimeter fencing, decorative columns and gates. A pergola is proposed over the existing bath building. A new paver walk leading to the proposed relocated beach access steps will restore this path to its original location prior to the seawall construction. A new awning is proposed in place of the previously removed covered overhang at the main lobby entrance. The proposed renovations are both functional and aesthetic in nature and will dramatically improve the current conditions at the property for both the residents of the PalmBeacher and their neighbors who overlook the property.

### **III. Design Professional(s):**

#### **Additional Design Professional:**

Edgar Duenas  
Bunker Engineering  
License: Florida Registered Engineer #57831  
Phone: 561-585-5696  
Email: [edgar@bunkerengineering.com](mailto:edgar@bunkerengineering.com)





**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-039-2017 Date: 04.17.17

Application Type:

☒

Major  
Minor

☒

Combination\*  
Minor with notice

\*If Town Council review required, include Zoning Application Number: VAR-17-2017

I. PROJECT ADDRESS: 214 Queens 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.

One (1) story Kitchen/Family Room addition with a roof covered loggia added to the existing two (2) story residence located at the rear yard. New Landscape and Hardscape.

Number of Stories: 1 Roof Material (type): Asphalt shingles  
Const. Type: CBS: Yes Frame: \_\_\_\_\_ Colors: Building: Red brick/ Gray  
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: La Berge and Menard License #: AA26003344

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Larry B. Alexander & Katie V. Alexander

Owner's Address (if different from Subject Address): \_\_\_\_\_

Phone number: \_\_\_\_\_

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, 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-041-2017

Date: APRIL 19, 2017

Application Type:

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| <input checked="" type="checkbox"/> |
| <input type="checkbox"/>            |

Major  
Minor

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|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |

Combination\*  
Minor with notice

\*If Town Council review required, include Zoning Application Number: VARIANCE # 13-2017

- I. PROJECT ADDRESS: 288 SANDPIPER DRIVE, PALM BEACH, FL. 33480
- II. DESCRIPTION OF THE REQUEST: The exact wording in this section will appear on the ARCOM Agenda. Please include a comprehensive summarized description of the proposed project.

**TWO STORY ADDITION WITH LOGGIA TO EXISTING TWO STORY RESIDENCE.**  
**ALL FINISHES TO MATCH EXISTING. EXISTING LANDSCAPE TO REMAIN**

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

Const. Type: CBS: X Frame: \_\_\_\_\_ Colors: Building: SEAFOAM GREEN Roof: WHITE

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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|-------------------------------------|
| <input checked="" type="checkbox"/> |
| <input type="checkbox"/>            |
| <input type="checkbox"/>            |

Architect Design  
Landscape Architect

|                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |

Consultant  
Engineer Other: \_\_\_\_\_

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

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: KELLY WILLIAMS

Owner's Address (if different from Subject Address): \_\_\_\_\_

Phone number: (917) 324 7770

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) Kelly M. Williams (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 - 044 - 2017 Date: April 18, 2017

Application Type:

☒

Major  
Minor

☐

Combination\*  
Minor with notice

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

- I. PROJECT ADDRESS: 89 Middle 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.

Revised Landscape Demolition Plan addressing the buffer, sodding and irrigation of the Property.

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: Morgan Wheelock Inc. License #: RLA 1331

Phone number: 561-585-8577 Email address: adamills@morganwheelock.com

- IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 89 Middle Road LLC

Owner's Address (if different from Subject Address): c/o Squire Patton Boggs, Suite 1900W,  
777 S. Flagler Dr., WPB, FL 33401, ATTN: Greg Young Phone number: 561-650-7200

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

*Gregory E. Young*

\*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) Gregory E. Young, Authorized Signatory





**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:

☒

Major  
Minor

☒

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):

☒

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-036-2017

Date: May 22, 2017

Application Type:

☒

Major  
Minor

☐

Combination\*  
Minor with notice

\*If Town Council review required, include Zoning Application Number: SPR #5 - 2017

I. PROJECT ADDRESS: 184 Bradley Place

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 400kW Generator Building and Landscape in North Garden

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

Const. Type: CBS: X Frame: \_\_\_\_\_ Colors: Building: Match Existing of: \_\_\_\_\_

Trim: Match Existing 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: Ralph Cantin, AIA License #: AR 0015176

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Parc Regent Condominium Association, Inc.

Owner's Address (if different from Subject Address): \_\_\_\_\_

Phone number: (561) 659-1419

(owner or owner's legally authorized agent\*): Linda Landis

\*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.

LINDA LANDIS 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-046-2017 Date: 5/24/17

Application Type:

☒

Major  
Minor

☐

Combination\*  
Minor with notice

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

- I. PROJECT ADDRESS: 1236 S. 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.

ADDITION OF TWO TENNIS COURTS. ONE COURT WILL BE A HARD COURT AND THE OTHER A GRASS COURT. ADDITIONAL LANDSCAPING WILL BE PROVIDED TO BUFFER COURTS ACCORDINGLY. PARKING AREA WILL BE INCLUDED.

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: Dustin Mizell / Environment Design Group License #: RLA #6666784

Phone number: 561-832-4600 Email address: Dustin@environmentdesigngroup.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Margaret B. Thornton

Owner's Address (if different from Subject Address): \_\_\_\_\_

Phone number: \_\_\_\_\_

Signature (owner or owner's legally authorized agent\*): Margaret B. Thornton

\*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) MARGARET B. THORNTON





**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-047-2017 Date: May 22, 2017

Application Type:



Major  
Minor



Combination\*  
Minor with notice

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

- I. PROJECT ADDRESS: 135 Gulfstream 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.

Modification to existing entry door. New vehicular gate. Associated landscape and hardscape  
modifications.

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

Const. Type: CBS: mixed Frame: \_\_\_\_\_ Colors: Building: white Roof: wood

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: Daniel Kahan License #: FL-AR-94757

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

- IV. OWNER/AGENT INFORMATION:

Property Owner's Name: M D Bickford

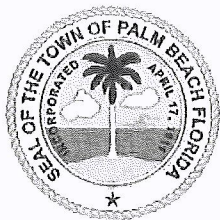
Owner's Address (if different from Subject Address): same as above

Phone number: (561) 835-1888

Signature (owner or owner's legally authorized agent\*): M D Bickford  
M D Bickford (May 22, 2017)

\*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 D Bickford



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.

New two story 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 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):

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☐  
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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*  
*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:

☒

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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| <input checked="" type="checkbox"/> |
| <input type="checkbox"/>            |

Major  
Minor

|                          |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |

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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|-------------------------------------|
| <input checked="" type="checkbox"/> |
| <input type="checkbox"/>            |
| <input type="checkbox"/>            |

Architect Design  
Landscape Architect

|                          |
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| <input type="checkbox"/> |
| <input type="checkbox"/> |

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: 05-24-17

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: \_\_\_\_\_

☐

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 40A  
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)



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-058-2017

Date: May 18, 2017

Application Type:

☒

Major  
Minor

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Combination\*  
Minor with notice

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

I. PROJECT ADDRESS: 217 El Pueblo 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 Monterey 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. \_\_\_\_\_

Final landscaping to be included. \_\_\_\_\_

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):

☒

Architect  
Landscape Architect  
Other: \_\_\_\_\_

☐

Design Consultant  
Engineer

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

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Channel RE, 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\*): [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) Tess Steyn, Secretary, Channel RE, 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: 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-021-2017 Date: \_\_\_\_\_

Application Type:

☒

Major  
Minor

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Combination\*  
Minor with notice

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

I. **PROJECT ADDRESS:** 375 South County Road, #101

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.

Replace existing store front windows along South County Road (west elevation) with Nanawall windows

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

Const. Type: CBS: ☒ Frame: \_\_\_\_\_ Colors: \_\_\_\_\_ Building: existing Roof: existing

Trim: existing 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: Robert Haluha License #: \_\_\_\_\_

Phone number: 561-392-3848 Email address: bobh@slatteryarchitects.com

IV. **OWNER/AGENT INFORMATION:**

Property Owner's Name: 375 South County Associates

Owner's Address (if different from Subject Address): % Love Realty, PO Box 28, Gedney Station, White Plains, NY 10605 Phone number: 561-296-1033

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) Barter Handelsman, General Mgr.



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

**APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION**

Application Number: A-022-2017 405 N Lake Way <sup>Application</sup> Date: 6/1/17

Application Type:

☐

Major  
Minor

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Combination\*  
Minor with notice

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

- I. PROJECT ADDRESS: 405 N 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.

Install (39) openings impact colonial hurricane shutters  
color white

Number of Stories: 2 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: Edward J Heritage License #: SCC 131151041

Phone number: 561-683-4811 Email address: info@foldingshutters.com

- IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Mary E Curran

Owner's Address (if different from Subject Address): Same as above

Phone number: 561-723-1951

Signature (owner or owner's legally authorized agent\*): Mary Estelle Curran  
\*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) MARY ESTELLE CURRAN  
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-026-2017 Date: 05/23/2017

Application Type:

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Major  
Minor

☐  
☐

Combination\*  
Minor with notice

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

- I. PROJECT ADDRESS: 149 Brazilian Ave/141 Brazilian Ave
- 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 site wall, entry column, and landscape

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: Keith Williams (Nievera Williams Design) License #: LC26000557

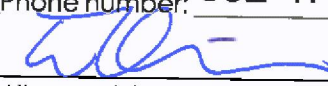
Phone number: 561-659-2820 Email address: keith@nieverawilliams.com

- IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Tim and Gayle DeVries

Owner's Address (if different from Subject Address): 141 Brazilian Ave/141 Brazilian Ave

Phone number: 952-473-7581

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 DeVries



**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-029-2017 Date: 6-12-2017

Application Type:

☒

Major  
Minor

☐

Combination\*  
Minor with notice

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

I. PROJECT ADDRESS: 117 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.

Replace all existing wood windows and doors with new impact aluminum windows and doors. Replace stained glass transoms in front facade with stucco insets. Remove existing shutters.

Number of Stories: 3 Roof Material (type): clay barrel tile

Const. Type: CBS: X Frame: \_\_\_\_\_ Colors: Building: white Roof: clay

Trim: gray 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: Jacqueline Albarran, Architect P.A. License #: AR0011701

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Joan Klann (contract purchaser)

Owner's Address (if different from Subject Address): 326 Valencia Rd Palm Beach, FL 33480

Phone number: 561-578-2842

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

\*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) Joan Klann





**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  
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):**

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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-031-2017

Date: 6-14-2017

Application Type:



Major  
Minor



Combination\*  
Minor with notice

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

I. PROJECT ADDRESS: 101 INDIAN RD.

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

REMOVE EXISTING GUEST HOUSE DRIVEWAY, PROPOSED  
SUMMER KITCHEN, MECHANICAL ROOM TO EXISTING CABANA,  
GARDEN TRELIS, 18" HT FOUNTAIN BASIN, PUTTING GREEN,  
MINOR LANDSCAPE ENHANCEMENTS, NO CHANGES VISIBLE FROM  
ROAD.

Number of Stories: Existing Roof Material (type): EXISTING

Const. Type: CBS: Existing 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: LANG DESIGN GROUP- JOHN LANG License #: 0001315

Phone number: 561 6889996 Email address: LDG@LANGDESIGN  
GROUP.COM

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: ALBERT RABIL III

Owner's Address (if different from Subject Address): \_\_\_\_\_

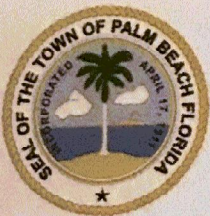
Phone number: \_\_\_\_\_

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) ALBERT RABIL III





**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-032-2017

Date: 06/13/2017

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: 357 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.

Proposed addition of site wall along West and South property lines. New hardscape for parked vehicles, water feature at interior of drive, privacy walls and gates to separate driveway from back yard space. Landscape to suit new layout.

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/Keith Williams License #: LC26000557

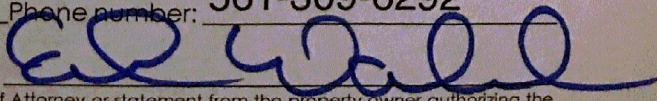
Phone number: 561-659-2820 Email address: keith@nieverawilliams.com

- IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Erik T. Waldin

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

Phone number: 561-309-6292

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) Erik T. Waldin





**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  
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):

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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-036-2017 Date: \_\_\_\_\_

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: 318 Caribbean 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.

Modifications to an existing ARCOM approval to include rear railings of covered pavilions,

color change to pavilions, and trellis covering of outside shower.

Number of Stories: 2 Roof Material (type): \_\_\_\_\_

Const. Type: CBS: X Frame: \_\_\_\_\_ Colors: \_\_\_\_\_ Building: \_\_\_\_\_ Roof: \_\_\_\_\_

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

III. DESIGN PROFESSIONAL(S):

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Architect  
Landscape Architect  
Other: \_\_\_\_\_

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☐

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: Lillian Fernandez

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) Lillian Fernandez



**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