RECEIVED
By Kelly Churney at 3:15 pm, Jun 18, 2018

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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-064-2018 Date: 5/21/18

Application Type:

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

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

I. PROJECT ADDRESS: 232 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.

Demolition of existing 1-story residence, sod and irrigate property

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

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

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

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: LABERGE & MENARD License #: AA26003344

Phone number: 561.655.8582 Email address: chris@labergeandmenard.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: CHERRY LANE LLC

Owner's Address (if different from Subject Address): 605 NORTH OLIVE AVENUE, 2ND FLOOR, WEST PALM BEACH, FL 33401 Phone number: (561) 721-4004

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) FRANCIS X.J. LYNCH ATTORNEY

REC'D 5-23-18 KMC

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-066-2018 Date: MAY 23, 2018

Application Type:

[X] Major
[ ] Minor

[ ] 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.

ONE YEAR EXTENSION OF PREVIOUSLY APPROVED PROJECT

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):

[X] Architect Design
[ ] Landscape Architect
[ ] 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-008-2018 Date: January 24, 2018

Application Type:

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

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

I. PROJECT ADDRESS: 232 Seabreeze Ave. 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 existing 2 story single family dwelling, 2 story garage, storage shed, and pool.
New construction of 2 story single family contemporary home with concrete tile &
standing seam zinc coated copper roof, new pool, site walls, and landscaping.

Number of Stories: 2 Roof Material (type): concrete & copper

Const. Type: CBS: yes Frame: _____ Colors: Building: White Roof: Grey

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

Name of Professional: Jeremy K. Walter, AIA. License #: AR-15125

Phone number: 561.379.2610 Email address: jwalter@jkwalterarchitects.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Jim & Robin Carey

Owner's Address (if different from Subject Address): 9 Normandy Dr. Riverside, CT. 06878

Phone number: 203.243.5802

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 Carey, 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-012-2018 Date: January 22, 2018

Application Type:

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

*If Town Council review required, include Zoning Application Number: Z-17-00066

I. PROJECT ADDRESS: 313 1/2 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.

Renovation of Via Bice to include new paving, new trellis, retractable awning, landscaping and lighting. Removal of awnings. Renovations to Peruvian Ave facade to include new stone entry, new glass awning, landscaping and lighting, replace awnings. New Doors.

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

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

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

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: Jeffrey W. Smith License #: AR9772

Phone number: (561) 832-0202 Email address: **jeff@smlthArchitecturalgroup.com**

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Via Bice Worth Avenue LLC

Owner's Address (if different from Subject Address): 90 Via Mizner, Palm Beach FL 33480

_____ Phone number: (561) 802-3088

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) Morad Amir saleh, 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-030-2018 Date: 02.19.18

Application Type:

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

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

I. PROJECT ADDRESS: 905 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.

Construction of a new 17,727 sq. ft. two story main house with a basement and a 1,284 sq. ft. single story Guest house in the Neo Classical Style of architecture.

Final hardscape, landscape and drainage plan to be presented as well.

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

Const. Type: CBS: Yes Frame: _____ Colors: Building: Salmon Roof: Grey

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

III. DESIGN PROFESSIONAL(S):

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

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

Phone number: 561 655-8582 Email address: design@labergeandmenard.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Patrick and Lillian Carney

Owner's Address (if different from Subject Address): 1350 NORTH LAKE WAY, PALM BEACH, FL 33480 Phone number: 561 845 6640

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) PATRICK CARNEY

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-034-2018 Date: 02/12/18

Application Type:

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

*If Town Council review required, include Zoning Application Number: 2-18-00084

I. PROJECT ADDRESS: 901 N. Ocean Boulevard, Palm Beach, FL

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

Construction of a 2-story residence, hardscape, landscape and pool.

Number of Stories: 2 Roof Material (type): Terra Cotta

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

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
- ☐ *Check if you are an ARCOM member and this project will result in a voting conflict for you.*

Name of Professional: Roger Janssen/Dailey Janssen Architects License #: 30108115

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: PBB Island Properties, LLC

Owner's Address (if different from Subject Address): 101 N Clematis Street,

West Palm Beach, FL 33401 Phone number: 561.659.3301

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) Clark Beaty, 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-045-2018 Date: 03/20/18

Application Type:

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

*If Town Council review required, include Zoning Application Number: Z-18-00094

I. PROJECT ADDRESS: 916 S. Ocean Blvd., Palm Beach, FL 33480

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

Construction of a new two-story residence, pool cabana, beach cabana, pool and spa, landscape and hardscape.

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

Const. Type: CBS: Y Frame: N Colors: Building: white Roof: red

Trim: coral 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
[ ] *Check if you are an ARCOM member and this project will result in a voting conflict for you.*

Name of Professional: Roger Janssen/Dailey Janssen Architects License #: 30108115

Phone number: 561-833-4707 Email address: roger@daileyjanssen.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 916 South Ocean Boulevard, LLC, a Florida limited liability company

Owner's Address (if different from Subject Address): c/o M. Timothy Hanlon, Alley, Maass, Rogers & Lindsay, PA

340 Royal Poinciana Way, Suite 321, Palm Beach, FL 33480 Phone number: 561-659-1770

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

*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) Brian Stock, 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-047-2018 Date: April 3, 2018

Application Type:

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

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

I. PROJECT ADDRESS: 535 North County 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 hardscape and landscape plans to accompany previously approved home.

Plans include a new driveway, two swimming pools, two fountain features and associated 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):

[ ] Architect
[X] Landscape Architect
[ ] Other: _____

[ ] Design Consultant
[ ] Engineer
[ ] *Check if you are an ARCOM member and this project will result in a voting conflict for you.*

Name of Professional: Steve Parker / Steve West License #: LA0001089 / LA6667145

Phone number: (561) 747-5069 Email address: steve@pydg.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 535 North County Road LLC

Owner's Address (if different from Subject Address): 41 SE 5th Street, 2nd Floor

Boca Raton, FL 33432 Phone number: (561) 272-6852

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) George Bariso, VP Mark Timothy Inc.

REC'D 6/18/18 KMC

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-049-2018 REV1 Date: 6/18/18

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

*If Town Council review required, include Zoning Application Number: Z-18-00080 REV1

I. PROJECT ADDRESS: 1558 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.
NEW WATER FEATURE, NEW SPA AND HARDSCAPE WITH MINOR LANDSCAPE MODIFICATIONS INCLUDING THE REMOVAL OF 6 PALMS AND NEW UNDERSTORY PLANTINGS. THE PREVIOUSLY PROPOSED GUEST HOUSE HAS NOW BEEN REMOVED.

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

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

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

III. DESIGN PROFESSIONAL(S):
- [x] Architect
- [x] Landscape Architect
- [ ] Other:
- [ ] Design Consultant
- [ ] Engineer
- [ ] *Check if you are an ARCOM member and this project will result in a voting conflict for you.*

Name of Professional: ADAM MILLS DESIGN License #: 1331

Phone number: 561-346-9973 Email address: adam@adammillsdesign.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 1558 North Ocean Way Realty Trust

Owner's Address (if different from Subject Address): c/o mirares and Harrington, 40 Grover St., Wellesley, MA, 02482 Phone number: 617-489-1600

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) Thomas J. Harrington, Trustee

Rev 08/2017

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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-051-2018 Date: April 13, 2018

Application Type:

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

*If Town Council review required, include Zoning Application Number: Z-18-00097

I. PROJECT ADDRESS: 232 Bahama Lane, Palm Beach, FL 33480

II. DESCRIPTION OF THE REQUEST: The exact wording in this section will appear on the ARCOM Agenda. Please include a comprehensive summarized description of the proposed project.
Demolition of existing one story house. New construction of two story Island style home to be approximately 4,300 square feet. Final landscaping and hardscaping to be provided.

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

Const. Type: CBS: X 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
- [ ] *Check if you are an ARCOM member and this project will result in a voting conflict for you.*

Name of Professional: Patrick Segraves License #: AR0010181

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 232 Bahama Lane, LLC

Owner's Address (if different from Subject Address): 1555 Palm Beach Lakes Blvd. #1100, West Palm Beach, Fla Phone number: (561) 655-1116

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

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

(printed name and title) Nannette Gammon, Vice President of 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-052-2018 Date: April 18, 2018

Application Type:

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

*If Town Council review required, include Zoning Application Number: Z-18-00100

I. PROJECT ADDRESS: 1030 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.

Demolition of an existing single family residence with pool. Construction of a new 2-story single family residence with basement and pool. Final hardscape and landscape.

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

Const. Type: CBS: X Frame: N/A Colors: Building: off-white Roof: light grey

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

Name of Professional: Harold Smith/ Smith and Moore Architects, Inc. License #: AR0008742

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Vanessa Porreca - Nedim Soylemez - contract purchaser

Owner's Address (if different from Subject Address): 1030 South Ocean Boulevard, Palm Beach, FL 33480

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, Esquire

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-053-2018 Date: May 23, 2018

Application Type:

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

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

I. PROJECT ADDRESS: 211 Worth Avenue, 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.

To replace original storefront with new impact storefront with polished stainless steel finish and new awning fabric.

Number of Stories: (03) Roof Material (type): Flat

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

Trim: Pink 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
[ ] *Check if you are an ARCOM member and this project will result in a voting conflict for you.*

Name of Professional: Jerome I. Baumoehl, NCARB License #: AR0014743

Phone number: (561) 653-8081 Email address: jerome@jeromebaumoehlarchitect.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: LenDan, Incorporation

Owner's Address (if different from Subject Address): 205 Worth Avenue, Suite 201

Palm Beach, Florida 33480 Phone number: (561) 655-3141

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) Tom Hamilton V.P.

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-057-2018 Date: April 30, 2018

Application Type:

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

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

I. PROJECT ADDRESS: 251 Dunbar Road

II. DESCRIPTION OF THE REQUEST: The exact wording in this section will appear on the ARCOM Agenda. Please include a comprehensive summarized description of the proposed project.
Demolition of Existing One Story House. New Construction of Two Story Classical Style Home to be Approximately 6,000 sq.ft. Final Landscape and Hardscape to be Included.

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

Const. Type: CBS: ✓ Frame: _____ Colors: Building: White Roof: Light Grey

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
- [ ] *Check if you are an ARCOM member and this project will result in a voting conflict for you.*

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

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 251 Dunbar, LLC

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

Palm Beach, FL 33480 Phone number: (561) 655-6221

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) Francislyn P. DeMarco Jr

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-058-2018 Date: May 23, 2018

Application Type:

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

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

I. PROJECT ADDRESS: 243 Worth Avenue, 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.

Rework building facade to accommodate the transition from single tenant to two tenant store incorporating original architectural detailing.

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

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

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

III. DESIGN PROFESSIONAL(S):

[X] Architect
[ ] Landscape Architect
[ ] Other: _____

[ ] Design Consultant
[ ] Engineer
[ ] *Check if you are an ARCOM member and this project will result in a voting conflict for you.*

Name of Professional: ~~Jerome I. Baumoehl, NCARB~~ License #: AR0014743

Phone number: (561) 653-8081 Email address: jerome@jeromebaumoehlarchitect.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 237-243 Worth Avenue L.P.

Owner's Address (if different from Subject Address): 202 Church St. SE Suite 306, Leesburg VA 20175 Phone number: (703) 627 6061

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) Andre R. Kirney, Secretary

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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTI RAL REVIEW COMMISSION

Application Number: B-059-2018 Date: May 23, 2018

Application Type:

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

*If Town Council review required, include Zoning Application Numbe :

I. PROJECT ADDRESS: 3100 South Ocean Boulevard, Pa lm Beach 33480

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

Renovation to existing Guardhouse incorporat ing new roof design, waterfall feature, rework/update perimeter s ite lighting fixtures and square two existing columns at porte co here to match existing including landscaping.

Number of Stories: 1 Roof Material (type):

Const. Type: CBS: X Frame: Colors: Building: w ite Roof: flat

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

III. DESIGN PROFESSIONAL(S):

[X] Architect
[X] Landscape Architect
[ ] Other:

[ ] Design Consultant
[ ] Engineer
[ ] Check if you are an ARCOM mem ber and this project will result in a voting conflict for you.

Name of Professional: Jerome I. Baumoehl, NCARB License #: AR0014743

Phone number: (561) 653-8081 Email address: jer me@jeromebaumoehlarchite t.c m

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Palm Beach Hampton Condominiu m Association

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

Phone numbe : (561) 791-2468

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

(printed name and title) RICHARD HOROWITZ, PRES

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-060-2018 Date: 5/10/18

Application Type:

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

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

I. PROJECT ADDRESS: 211 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 two-story single family residence. Final hardscape and landscape.

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

Const. Type: CBS: X Frame: _____ Colors: Building: cream Roof: terra cotta

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

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: Harold Smith/ Smith and Moore Architects, Inc. License #: AR0008742

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 1963 TRUST 211 OCEAN TERRACE LLC

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

Huntingdon Valley, PA 19006 Phone number: (215) 544-6118

Signature (**owner or owner's legally authorized agent***): Rowland M Smith III

*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-061-2018 Date: May 12, 2018

Application Type:

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

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

I. PROJECT ADDRESS: 261 Nightingale Trail

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

New 1-story home, landscape and hardscape

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

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

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
[ ] *Check if you are an ARCOM member and this project will result in a voting conflict for you.*

Name of Professional: Ralph Cantin Architect, Inc. License #: AR0015176

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Jeffrey A. Cole Trust

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

Phone number: (561) 845-5545

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

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

(printed name and title) Jeffrey A. Cole

REC'D 5-23-18 KMC

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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-062-2018 Date: 5/17/18

Application Type:

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

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

I. PROJECT ADDRESS: 276 JAMAICA 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.
DEMOLITION OF EXISTING ONE & TWO STORY RESIDENCE, SEPERATE GARAGE, POOL & PATIO. CONSTRUCTION OF NEW ONE & TWO STORY RESIDENCE, POOL, PATIO & NEW MOTOR COURT W/ EXISTING & NEW LANDSCAPING

Number of Stories: 2 Roof Material (type): LUDOVICI / COLONIAL SHAKE

Const. Type: CBS: X Frame: _____ Colors: Building: BEIGE Roof: RED CLAY

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

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: STEVEN BRUH License #: AR 0008678

Phone number: 561-252-3797 Email address: sibarch.design@gmail.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: MR. & MRS EUGENE CAVANAUGH

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) PETER S. BARBEE

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-063-2018 Date: 05-09-2018

Application Type:

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

*If Town Council review required, include Zoning Application Number: Z-18-00113

I. PROJECT ADDRESS: 1178 North Ocean Boulevard, Palm Beach FL 33401

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 reconstruction of existing one-story Beach Cabana, on existing footprint.

New spa, final Landscape and Hardscape.

Number of Stories: 1 Roof Material (type): Conc. tile

Const. Type: CBS: Yes Frame: No Colors: Building: Off-White Roof: Light-Grey

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

Name of Professional: Marvin Herman / Marvin Herman & Associates, Architects / Planners License #: Licensed Architect IL #001006429

Phone number: 312-787-0347 Email address: mherman@Marvinherman.com mlazaro@Marvinherman.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 1178 Ocean LLC

Owner's Address (if different from Subject Address): 1333 N Kingsbury Street, Suite 301, Chicago, IL 60642 Phone number: 561-731-4004

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) Robert J. Buford, 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-065-2018 Date: 05/22/2018

Application Type:

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

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

I. PROJECT ADDRESS: 150 WORTH AVENUE, #115A, 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.
INTERIOR TENANT IMPROVEMENT TO EXISTING TENANT'S SPACE.
467GSF RETAIL WITHIN THE ESPLANADE, OPEN TO WORTH AVENUE. SCOPE INCLUDES (N)MILLWORK AND FURNITURE, (N)FINISHES, (N) ELECTRICAL OUTLETS AND LIGHTING FIXTURES, REWORK OF (E) HVAC AND (N)FINISHES AND SIGNAGE IN STOREFRONT.

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

Const. Type: CBS: - Frame: - Colors: Building: EXISTING Roof: EXISTING

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

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: David Montalba License #: AR91537

Phone number: (310) 828-1100 Email address: david@montalbaarchitects.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Hublot S.A.

Owner's Address (if different from Subject Address): CHEMIN DE LA WARPILLIERE 33, CP 2464, CH-1260 NYON (SWITZERLAND) Phone number: +41 (0) 22 990 90 00

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) CRISTINA MARTINEZ YANEZ

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-012-2018 Date: 4/9/2018

Application Type:

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

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

I. PROJECT ADDRESS: 500 ISLAND DRIVE, TOWN OF PALM BEACH

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.

REPLACEMENT OF EXISTING LIGHTS IN THE DRIVEWAY ENTRY PIER (4 LOCATIONS)

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

Const. Type: CBS: NA Frame: METAL Colors: Building: NA Roof: NA

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

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: STEVEN KNIGHT License #: AR26002172

Phone number: 561-374 9242 Email address: SKNIGHT@AKARCHITECTS INC.COM

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: ✓

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

_____ 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) BOGDAN ~~ROBERT~~ NOWAK - 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-018-2018 Date: June 12, 2018

Application Type:

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

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

I. PROJECT ADDRESS: 1632 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.

We are requesting a few changes to the previously approved Arcom plans: removal of shutters from windows, New Garage door trim layout, removal of urns from parapet wall, new louvered gates, and change design of main entry door.
Additionally some other changes on the site plan and the landscape hardscape plan, mainly on the motorcourt layout.

Number of Stories: 1 Roof Material (type): flat roof menbrane

Const. Type: CBS: X Frame: _____ Colors: Building: OFF-WHITE Roof: N/A

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

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: Carlos A. Bonilla License #: AR-94799

Phone number: 561-301-1525 Email address: carlos@1bta.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Maurice Pinsonnault Management, Inc.

Owner's Address (if different from Subject Address): 11370 Turtle Beach Road (#1) Ocean House #3

North palm Beach, FL Phone number: (561)775-6969

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

*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) Maurice Pinsonnault / 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-019-2018 Date: May 24, 2018

Application Type:

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

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

I. PROJECT ADDRESS: 208 Sandpiper 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.

Revisions to the previously approved hardscape/landscape plans, addition of decorative driveway columns, a decorative gate in the front yard/along Sandpiper Drive, and a generator wall enclosure/gates.

Number of Stories: 1 Roof Material (type): concrete tile

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

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

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: Paradelo Burgess Design Studio, LLC License #: LA6667220

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 208 Sandpiper LLC

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

_____ Phone number: 312-601-9001

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 J. Livoti, 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-020-2018 Date: May 21, 2018

Application Type:

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

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

I. PROJECT ADDRESS: 1226 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.
Improvements to the existing hardscape & landscape on the south side of the property, around the pool, generator wall enclosure, and site wall/ gate along the lake trail side of the property.

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

Const. Type: CBS: X Frame: _____ Colors: Building: light yellow Roof: terra cotta

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

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: Paradelo Burgess Design Studio, LLC License #: LA6667220

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Mr. Alan Marantz

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

_____ Phone number: 212-202-5766

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

(printed name and title) Alan Marantz, 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-022-2018 Date: June 1, 2018

Application Type:

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

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

I. PROJECT ADDRESS: 151 Chilean 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.

Construction of new black metal and wood pergola on second floor balcony facing east (side yard)

Number of Stories: 2 Roof Material (type): Cedar Shake

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

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

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: Ralph Cantin Architect, Inc License #: AR0015172

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: David K Reyes & Pamela Perri Reyes

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) Pamela Perri Reyes 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-025-2018 Date: 06/12/2018

Application Type:

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

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

I. PROJECT ADDRESS: 212 Coral 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.

Modification to landscape perimeter material due to lack of local availability and overall cost

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

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

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

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: Keith Williams/NieveraWilliams Design License #: LS6666856

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Linda Saville

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

Phone number: 703-217-1279

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

*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) Linda Saville