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-035-2019 Date: 04.23.19

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

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

I. PROJECT ADDRESS: 1285 SO. 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.

DEMOLITION OF RESIDENCE, POOL, HARDSCAPE AND LANDSCAPE. SOME SITE WALLS AND LANDSCAPE TO REMAIN AS SHOWN ON THE PLANS.

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

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

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: JEFF SMITH, SMITH ARCHITECTURAL GROUP License #: AR-9772

Phone number: 561 832 0202 Email address: JEFF@SMITHARCHITECTURALGROUP.COM

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: LUNGOMARE, LLC

Owner's Address (if different from Subject Address): 230 S. CLARK ST. #336 CHICAGO, IL 60604 Phone number: 312 395 2685

Signature (**owner or owner's legally authorized agent***): Maura Ziska, Authorized Representative
*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, AUTHORIZED REPRENTATIVE

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

FILED 2/20/19

Application Number: B-018-2019 Date: March 27, 2019

Application Type:

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

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

I. PROJECT ADDRESS: 341 Hibiscus 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.

Addition of vehicular gate. Revisions to the entry courtyard and associated landscape changes.

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

Const. Type: CBS: X Frame: _____ Colors: Building: Beige Roof: Red

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: Dustin Mizell License #: 6666784

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Roy E. Carroll II and Vanessa Y. Carroll

Owner's Address (if different from Subject Address): c/o M. Timothy Hanlon, 340 Royal Poinciana Way, Suite 321, Palm Beach, FL 33480 Phone number: 561-659-1770

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

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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-022-2019 Date: February 20, 2019

Application Type:

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

*If Town Council review required, include Zoning Application Number: Z-19-00184

I. PROJECT ADDRESS: 223 Sunset 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.

See attached Project Description

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

Const. Type: CBS: X Frame: _____ Colors: Building: See color chart Roof: terra cotta

Trim: beige 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: Keith Spina License #: 13419

Phone number: 561.684.6844 Email address: keith@gliddenspina.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Ellen and Richard Rampell

Owner's Address (if different from Subject Address): 223 Sunset Avenue, Suite 200,

Palm Beach, Florida 33480 Phone number: (561) 346-6800

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

*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-023-2019 Date: 3/12/19

Application Type:

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

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

I. PROJECT ADDRESS: 280 El Pueblo Way, Palm Beach, Florida

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

Proposed 2-story residence, 1-story guest house, landscape, hardscape, spa and pool.

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

Const. Type: CBS: y Frame: NA Colors: Building: white Roof: terra cotta

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

III. DESIGN PROFESSIONAL(S):

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

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

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Thomas Frankel

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

Same as above Phone number: 561-385-6749

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) Thomas 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-024-2019 Date: _____

Application Type:

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

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

I. PROJECT ADDRESS: 237 BRAZILIAN AVE, 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 CONSTRUCTION OF A 2-FAMILY RESIDENTIAL BUILDING, AND PROPOSED POOL & LANDSCAPE/HARDSCAPE IMPROVEMENTS.

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

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

Trim: GRAY Shutters: WOOD *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: JOSE LUIS GONZALEZ-PEROTTI, AIA License #: AR0010477

Phone number: 305-260-9331 Email address: carlos@portuondo-perotti.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 237 BRAZILIAN, LLC

Owner's Address (if different from Subject Address): 3681 FLAMINGO DR. MIAMI, FL 33140-3924

_____ 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) TODD GLASS M.M.

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-025-2019 Date: 3/12/19

Application Type:

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

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

I. PROJECT ADDRESS: 239 Monterey Road, Palm Beach, Florida

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

Demo of existing site wall, pier and fence. Proposed 2-story residence, landscape, hardscape, spa and pool.

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

Const. Type: CBS: y Frame: n Colors: Building: white Roof: natural gray

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

III. DESIGN PROFESSIONAL(S):

- [x] Architect
- [ ] Landscape Architect
- [ ] Other: _____
- [ ] Design Consultant
- [ ] Engineer
- [ ] *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: 239 Monterey Road, LLC

Owner's Address (if different from Subject Address): 105 Foulk Road, Wilmington DE 19803

Phone number: 561 789 5558

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 Coker, Secretary

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-026-2019 Date: _____

Application Type:

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

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

I. PROJECT ADDRESS: 247 Miraflores 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.

A. Demolition of existing structure, landscape and hardscape.

B. Construction of a new 4,670 square foot under air residence, pool, new landscape and hardscape.

Number of Stories: 2 Roof Material (type): glazed clay tiles

Const. Type: CBS: X Frame: _____ Colors: Building: natural marbelite stucco Roof: Brookville green

Trim: natural terra cotta 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: Peter Pennoyer Architects License #: AR 91925

Phone number: 212-779-9765 Email address: peter@ppapc.com

see attached for Landscape Architect information.

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Laetitia Oppenheim

Owner's Address (if different from Subject Address): 247 Miraflores Drive, Palm Beach, FL 33480

_____ Phone number: 1-561-777-2501 OR +447775-638-775

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) Laetitia Oppenheim

ARCOM Application Number: B-026-2019

III. Design Professional (continued):

SMI Landscape Architecture, Inc.
License #: 13000223
Phone Number: 561-655-9006
Email address: claudia@smila.net

RECEIVED

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-034-2019 Date: May 29, 2019

Application Type:

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

*If Town Council review required, include Zoning Application Number: Z-19-00196

I. PROJECT ADDRESS: 135 Chilean Avenue,Palm Beach FL 33480

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

Renovation of existing one story house. Removal and replacement of one story cabana. Overall 900 sq.feet being added in same Island style home. Landscape/hardscape to be included.

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

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

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

III. DESIGN PROFESSIONAL(S):

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

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

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Gerry Magrini

Owner's Address (if different from Subject Address): 1498 Merrick Road

Yardley, PA 19067-2764 Phone number: (973) 432-5891

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) Gerry Magrini, 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-036-2019 Date: 03/22/2019

Application Type:

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

*If Town Council review required, include Zoning Application Number: Z-19-00197

I. PROJECT ADDRESS: 205 Via Tortuga

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 2 story French style home with 4 car garage, pool cabana and pool.

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

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

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

Name of Professional: Jonathan C. Moore License #: 0013541

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Dan and Karen Swanson

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

_____ Phone number: 561-722-7945

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) Dan Swanson, 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-013-2109 Date: 3.15.19

Application Type:

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

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

I. PROJECT ADDRESS: 231 Nightingale Trail Palm Beach, 33480

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

New landscape, hardscape. House to be repainted. Modify existing garage entrance

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

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):

- ☑ 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: LaBerge & Menard License #: AA26003344

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: John Copeland

Owner's Address (if different from Subject Address): 231 Nightingale Trail

Phone number: 561-328-9148

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) JOHN W. COPELAND, OWNER

RECEIVED
By Kelly Churney at 11:16 am, May 14, 2019

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-016-2019 Date: 04.26.19

Application Type:

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

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

I. PROJECT ADDRESS: 120 Atlantic 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.

Exterior façade reconfiguration and interior remodeling.

No additional square footage to be added.

New proposed final landscape and hardscape"

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

Const. Type: CBS: x Frame: x Colors: Building: White Roof: Clay

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

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: LaBerge and Menard License #: AA26003344

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Molly Fitzpatrick

Owner's Address (if different from Subject Address): 151 Fairfield Drive King, Ontario, Canada L7B 1M6 Phone number: 905-713-5152

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) Molly Fitzpatrick

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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: ARCOM A-017-2019 Date: 5/14/2019

Application Type:

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

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

I. PROJECT ADDRESS: 642 N 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 new motor court and associated landscaping

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: Dustin Mizell / ENVIRONMENT DESIGN GROUP License #: 6666784

Phone number: (561) 832-4600 Email address: dustin@environmentdesigngroup.com

IV. OWNER/AGENT INFORMATION: LENZI INVESTMENT TRUST

Property Owner's Name: Charles & Kathleen Evans, TRUSTEES

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

_____ Phone number: 844 2750

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) CHARLES EVANS, TRUSTEE