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-034-2017 Date: 4/18/17

Application Type:

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

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

I. PROJECT ADDRESS: 1265 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.
F.K.A. 30 Blossom Way. A time extension for a period of one year of the approval of complete demolition of existing residence, structure, pool, hardscape and landscape material. Reference previous ARCOM numbers B-026-2016, B-044-2015 and B-045-2014.

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

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

Name of Professional: Jeffery W. Smith
Smith Architectural Group, Inc. License #: AR-9772

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Blossom Way Holdings LLC

Owner's Address (if different from Subject Address): 131 S. Dearborn Street
Chicago, IL 60603 Phone number: (312) 395-2685

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, 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-038-2017 Date: 04-19-2017

Application Type:

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

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

I. PROJECT ADDRESS: 1021 North 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.
Request for a one year extension of previously approved demolition to existing residence.

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

Const. Type: CBS: x Frame: x Colors: Building: yellow 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 [x] Landscape Architect [ ] Consultant [ ] Engineer Other: _____

Name of Professional: MP Design & Architecture License #:AR0016639

Phone number: 561-833-7575 Email address: info@mpdainc.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Maura Ziska (Authorized Agent)

Owner's Address (if different from Subject Address): 222 Lakeview Avenue Suite 1500 West Palm Beach FL 33401

Phone number: 561-802-8960

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, Attorney

APPLICATION FOR ARCHITECTURAL COMMISSION REVIEW

(Please refer to attached Electronic Submission Instructions)

ARCOM CASE #: B - 070 - 2016

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Revised 06/16/16

APPLICATION FOR ARCHITECTURAL COMMISSION REVIEW

(Please refer to attached Electronic Submission Instructions)

ARCOM CASE #: B - 078 - 2016

1. Project Address: 157 Peruvian Ave Palm Beach, Florida 33480

2. Name of the Applicant: Nita Stanoytchev c/o David E. Klein, Esq.

   Address: 400 Royal Palm Way, Suite 404 Telephone#: 561-655-6221
   Palm Beach, FL 33480

3. Name of Architect/Engineer: Roy & Posey Architects

   Phone #: 561-659-5683 Architect's e-mail address: smroy@royposey.com

4. Brief description of the project: (The exact wording in this section will appear on the ARCOM agenda . Please include a comprehensive summarized description of the project which describes the changes) Demolition of an existing one story residence and construction of a new two story single family residence in the "Bermuda Style."

5. Are there any Town Council approvals necessary to complete the project? **YES OR NO**
   Please provide variance, site plan review, and/or special exception numbers: 1-2017

6. Number of stories: 2 Roof material (type): Concrete Roof Tile Const. Type: CBS & Stucco
   Frame?: Colors: Building: White Roof: White Trim: White Shutters:Black *also, please provide the above information on the cover sheet of the ARCOM plans.*

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

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

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

FEES:

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

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

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

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

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

REC'D 4-19-17 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-001-2017 Date: 4-18-17

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

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

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

Phone number: 561 346-4685 Email address: painejo@bellsouth.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***): 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-016-2017 Date: 2/07/2017

Application Type:

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

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

I. PROJECT ADDRESS: 210 Fairview Road, Palm Beach, Florida 33480

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

Demolition of existing single story residence. Construction of new two story residence with side entry garage and pool.

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

Const. Type: CBS: x Frame: _____ Colors: Building: beige Roof: white

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

III. DESIGN PROFESSIONAL(S):

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

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

Phone number: 561 346-4685 Email address: painej@bellsouth.net

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Palm Beach Island Ventures LLC -James C. Paine, Jr.- Agent, Architect

Owner's Address (if different from Subject Address): 2831 Exchange Court "A"

West Palm Beach, FL 33409 Phone number: 561 346 4685

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

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

(printed name and title) James C. Paine, Jr.; legally authorized agent

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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-021-2017 Date: 02/23/2017

Application Type:

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

- [ ] Architect
- [x] Landscape Architect
- [ ] Other: _____
- [ ] 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-028-2017 Date: 3/22/2017

Application Type:

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

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

I. PROJECT ADDRESS: 160 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.

INSTALL 4 NEW SITE LIGHTING POLES AND FIXTURES IN PARKING LOT

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

Name of Professional: KEITH SPINA License #: AR13419

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: PEMS PARTNERSHIP LIMITED

Owner's Address (if different from Subject Address): PO BOX 1625

WEST PALM BEACH, FL 33402 Phone number: 561-721-7031

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) Jonathan Sotter / 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-030-2017 Date: March 21, 2017

Application Type:

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

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

I. PROJECT ADDRESS: 2100 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.

Install new bronze aluminum impact resistant storefront at the main entrance of the North and South Buildings with precast trim.
Remove "X" column support at the West end of the porte-cochere and replace with vertical columns.
Modifications to Guardhouse to include installing bronze aluminum impact rated sliding glass doors and windows to match existing, reduce the roof overhang from 2'-0" to 1'-0", remove the raised planter walls at the East and West elevations and install a planter flush with grade, and relocate the existing AC unit from the Guardhouse planter to the planting area North of the drive.

Number of Stories: 6 Roof Material (type): Built up roof

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

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

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: ACI, Inc. Roger Hansrote License #: **14300**

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 2100 Condominium Association Inc.

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

_____ 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) Robert Davidow - 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-032-2017 Date: March 21, 2017

Application Type:

☑ Major ☐ Combination*
☐ Minor ☐ Minor with notice

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

I. PROJECT ADDRESS: 215 Arabian Road, Palm Beach, FL 33480

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

The renovation of and addition to an existing two story residence originally designed by Lester Geisler in 1937. A second floor addition accommodating a new master suite is to be added over the existing family room and a new screened porch is to be added east of the family room. New windows, doors, roofing, pool, hardscape, and final landscape.

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

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

Trim: White Shutters: BM Cloud Cover 855 *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: Kevin Asbacher, AIA License #: AR95435

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 215 Arabian LLC

Owner's Address (if different from Subject Address): 6 Indian Chase Dr., Greenwich, CT 06830

_____ Phone number: (914) 967-9171

Signature (**owner or owner's legally authorized agent***): Kevin Asbacher, AIA Digitally signed by Kevin Asbacher, AIA Date: 2017.03.21 10:14:24 -04'00'

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

(printed name and title) Kevin Asbacher, AIA, Architect

RECEIVED
By Kelly Charney at 2:25 pm, Apr 19, 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-035-2017 Date: 4/19/17

Application Type:

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

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***): _____

*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.

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-037-2017 Date: April 19 2017

Application Type:

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

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

I. PROJECT ADDRESS:

220 Eden Road Palm Beach FL 33480

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

Proposed one story addition of 852 sq ft to rear of house. Renovation to existing cabana. New pedestrian gate and extension of existing site wall.

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

Const. Type: CBS: X Frame: x Colors: Building: Coral Roof: Grey

Trim: off white Shutters: Green *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:
[ ]			

Name of Professional: MP Design & Architecture License #: AR0016639

Phone number: 561-833-7575 Email address: info@mpdainc.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Jason Briggs

Owner's Address (if different from Subject Address): 140 Seaview Ave Palm Beach FL 33480

Phone number: 917-834-7637

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) Jason R. Briggs

REC'D 4-19-17 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-039-2017 Date: 04.17.17

Application Type:

- [x] Major
- [ ] Minor
- [x] 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/ white stucco Roof: Gray

Trim: White Shutters: Black *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: 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-040-2017 Date: APRIL 17, 2017

Application Type:

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

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

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

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

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

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

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

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

III. DESIGN PROFESSIONAL(S):

[X]	Architect	[ ]	Design Consultant
[ ]	Landscape Architect	[ ]	Engineer

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

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

OWNER/AGENT INFORMATION:

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

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

Phone number: (847) 404 3544

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

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

(printed name and title) Amy Vielliu / Owner

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: ARPIL 19, 2017

Application Type:

[X] Major
[ ] Minor

[ ] Combination*
[ ] Minor with notice

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

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):

[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-042-2017 Date: April 17, 2017

Application Type:

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

*If Town Council review required, include Zoning Application Number: SE-15-2017

I. PROJECT ADDRESS: 316 Seabreeze 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.

Site Plan Review of previously approved (Feb 22, 2017 ARCOM/ March 15, 2017 Town Council) New 2,800 square foot Mediterranean Revival, two-story home.

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

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

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

III. DESIGN PROFESSIONAL(S):

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

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

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Gregory Fisher

Owner's Address (if different from Subject Address): 550 Haverhill Road

Bloomfield, MD 48304 Phone number: (248) 770-8418

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 - 044 - 2017 Date: April 18, 2017

Application Type:

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

Name of Professional: Morgan Wheelock Inc. License #: RLA 1331

Phone number: 561-585-8577 Email address: adammills@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***): _____
*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: A-006-2017 Date: 3/2/17

Application Type:

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

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

I. PROJECT ADDRESS: 329 WORTH 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.
PAINT WINDOW FRAMES, REPLACE VIA FLOORING, REPLACE VIA CEILING, ADD CAST STONE BASE, ADD CAST STONE SILLS, RESTUCCO WALLS TO SMOOTH TEXTURE, REPLACE VIA LIGHTING

Number of Stories: 2 Roof Material (type): MODIFIED BITUM. / PART. CONC. TILE

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

Trim: STONE Shutters: ALUM. *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: DAVID LAWRENCE License #: AR16260

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: VIA ROMA CONDOMINIUM ASSOCIATION INC.

Owner's Address (if different from Subject Address): 329 WORTH AVE.

PALM BEACH, FL 33480 Phone number: 561-838-1855

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) STUART DOPPELT - 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: A-017-2017 Date: 05-10-2017

Application Type:

☒ Major ☒ Minor ☐ Combination* ☐ Minor with notice

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

I. PROJECT ADDRESS: 246 SEASPRAY 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.
EXTERIOR DOOR AND WINDOW REPLACEMENT (TO A MORE AUTHENTIC STYLE) THROUGHOUT, FRONT PORCH REFURBISHING, AND AWNING REMOVAL AT THE REAR OF THE MAIN HOUSE.

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

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

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

III. DESIGN PROFESSIONAL(S):

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

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

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: SAMANTHA MILGRAM

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

701 S OLIVE AVE WPB, FL 33401 Phone number: (914) 894-0546

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

*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) SAMANTHA MILGRAM (OWNER)

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

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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

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

Application Type:

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

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

I. PROJECT ADDRESS: 2100 S. Ocean Blvd.

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

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

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

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

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

III. DESIGN PROFESSIONAL(S):

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

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

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

IV. OWNER/AGENT INFORMATION:

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

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

_____ Phone number: 561-582-4285

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

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

(printed name and title) Angela Biagi, Senior Project Manager

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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: A-019-2017 Date: 04/19/2017

Application Type:

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

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

I. PROJECT ADDRESS: 1270 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.

The reconfiguration and extension of existing entry with associated changes to existing one-story residence. Elimination of existing chimney and alteration to roof profile.

Number of Stories: 1 Roof Material (type): LUDOWICI CERAMIC TILES - MATCH EXISTING

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

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

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: Peter Papadopoulos License #: AR 92952

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Dale and Kenneth Pincourt

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

_____ Phone number: _____

Signature (**owner or owner's legally authorized agent***): A. Kenneth Pincourt

*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) A. KENNETH PINCOURT

RECEIVED
By Kelly Churney at 11:11 am, May 16, 2017

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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: A-020-2017 Date: 5/4/17

Application Type:

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

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

I. PROJECT ADDRESS: 250 LIST 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.
RENOVATION TO AN EXISTING SINGLE STORY RESIDENCE TO INCLUDE A NEW COVERED ENTRY ELEMENT, COVERED PATIO, TRELLIS, NEW WINDOWS AND DOORS, AND NEW FLAT CONCRETE TILE ROOF. IMPROVEMENTS TO HARDSCAPE & LANDSCAPE AS WELL.

Number of Stories: 1 Roof Material (type): FLAT CONC. TILE

Const. Type: (CBS) Frame: INDIGO BLUE Colors: Building: WHITE Roof: WHITE

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

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: M. MARK MARSH License #: AR0009030

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: DONALD AND KIM PATRICK

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

_____ Phone number: 410-707-1143

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

(printed name and title) DONALD PATRICK, OWNER

RECEIVED
By Kelly Churney at 3:05 pm, May 10, 2017

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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: A-024-2017 Date: May 8, 2017

Application Type:

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

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

I. PROJECT ADDRESS: 250 Ocean Terrace

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

Revisions to previously approved drawings (B-013-2016)

Requesting stone cladding between stucco window surrounds (Vena Grigio Limestone) in lieu of painted stucco. Also new decorative aluminum gate and fence at Loggia with sconces added.

Revisions to entry terrace other minor associated changes.

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):

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

Name of Professional: Kirchhoff & Associates Arch License #: AR 0014635

Phone number: 561-575-9994 Email address: tmk@kirchhoffarchitects.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 250 Ocean Terrace LLC

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

_____ Phone number: 561-575-9994

Signature (**owner or owner's legally authorized agent***): Maura Ziska, 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) Maura Ziska, 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-025-2017 Date: 5/10/2017

Application Type:

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

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

I. PROJECT ADDRESS: 1494 N. 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.

Revise Driveway Modifications and Minor Landscape adjustments to create privacy.

Number of Stories: NA 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

Name of Professional: JOHN LANG License #: 1315

LANG DESIGN GROUP

Phone number: 561 688 9996 Email address: LDG@LANGDESIGNGROUP.COM

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: John A Reid Jr

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

_____ Phone number: 908-229-5081

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 A Reid Jr, owner