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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-048-2018 Date: April 18, 2018

Application Type:

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

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

I. PROJECT ADDRESS: 224 Angler 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.

Requesting Demolition of existing single story residence and removal of selected 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: Brian Vertesch, SMI Landscape Architecture License #: LA13000223

Phone number: 561-655-9006 Email address: BRIAN@SMILA.NET

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Amanda and Alexander Coleman

Owner's Address (if different from Subject Address): 216 Angler Avenue, Palm Beach, FL

Phone number: (561) 282-6319

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

*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) Amanda Boalt Coleman

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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

\# Application Number: **B-054-2017** Date: **May 23, 2017**

Application Type:

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

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

I. PROJECT ADDRESS: **446 N Lake Way Palm Beach, Florida 33480**

II. DESCRIPTION OF THE REQUEST: The exact wording in this section will appear on the ARCOM Agenda. Please include a comprehensive summarized description of the proposed project.
New contemporary 2 story home and 1 story accessory garage totaling 13,093 gross s.f. and associated landscaping, hardscape and swimming pool.
Number of Stories: **2** Roof Material (type): **Flat Built Up Roofing**

Const. Type: CBS: **Yes** Frame: **No** Colors: Building: **White and Natural Travertine Stone** Roof: **Gray Built Up Roofing**

Trim: **Stone** Shutters: **None** *this information to be included on the cover sheet of the ARCOM plans

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: **Affiniti Architects** License #:**AA0002340**

Phone number: **561-750-0445** Email address: **bschreier@affinitiarchitects.com**

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: **Stephen A. Levin**

Owner's Address (if different from Subject Address): **4358 North Bay Road Miami, FL 33140**

Phone number: 561-802-8960

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

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

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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-003-2018 Date: March 21, 2018

Application Type:

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

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

I. PROJECT ADDRESS: 2291 Ibis Isle Road East

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.

1. Demolition of an existing one story,CBS, 2547 s.f., ranch style single family residence and swimming pool constructed in 1961.

2. Construction of a new 3576 s.f. ac area, one story single family residence, with a 523 s.f. Garage, swimming pool and associated landscaping and hardscape.

Number of Stories: One Roof Material (type): Cement Tile

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

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: Roger Hansrote License #: 14300

Phone number: 561-655-0774 Email address: roger@aci-architectural.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Lynne Eriksen

Owner's Address (if different from Subject Address): 29 Marina Gardens Drive, Palm Beach Gardens, FL 33410 Phone number: 561-691-3253

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 properly owner authorizing the signer to sign on the owner's behalf.

(printed name and title) Lynne Eriksen, 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

RECEIVED
By Ali@Charney at 2:47 pm, May 14, 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-030-2018 Date: 02.19.18

Application Type:

- [✓] 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):

- [✓] 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: 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-037-2018 Date: 3/12/18

Application Type:

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

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

I. PROJECT ADDRESS: 230 Esplanade Way, Palm Beach, FL 33480

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

New construction of two story Island style home to be approximately 4,500 square feet. Final landscape and hardscape to be provided.

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

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):

- [✓] 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 #: AR0010811

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Brendan & Samantha Carroll

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

_____ Phone number: (310) 734-2478

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) Brendan Carroll, 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-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 4/18/18 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 Date: 4/11/18

Application Type:

✓	Major	✓	Combination*
	Minor		Minor with notice

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

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.

PROPOSED GUEST HOUSE (DETACHED STRUCTURE) FOR EXISTING HOUSE AT 1558 N. OCEAN WAY.

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

Const. Type: CBS: ✓ Frame: Colors: Building: BLUE Roof: GRAY-BROWN

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

III. DESIGN PROFESSIONAL(S):

✓	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: RS Architectural Partners, LLC License #: AA0003250

Phone number: 561-622-2247 Email address: RLSraberg@RLSArchitecture.com

IV. OWNER/AGENT INFORMATION:

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

Owner's Address (if different from Subject Address): C/O Mijares and Harrington 40 Grove St, Wellesley, MA 02482 Phone number: 617-489-1600

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

*if signed by a legally authorized agent **must** be accompanied by a Power of Attorney or [illegible] 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-054-2018 Date: April 18, 2018

Application Type:

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

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

I. PROJECT ADDRESS: 1214 North Ocean Blvd. Palm Beach, FL. 33480

DESCRIPTION OF THE REQUEST:

One Story Loggia Addition to Existing Pool Cabana.

Number of Stories: TWO Roof Material (type): Wood Shingle

Const. Type: CBS: X Frame: ____ Colors: Building: White Roof: Wood Shingle

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

III. DESIGN PROFESSIONAL(S):

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

MP DESIGN & ARCHITECTURE
ARCHITECT OF RECORD

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. John Sculley

Owner's Address (if different from Subject Address): 1214 North Ocean Blvd. Palm Beach, FL. 33480
Phone number: (561) 719-3891

Signature (**owner or owner's legally authorized agent***): Diane Sculley
*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) DIANE SCULLEY

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-055-2018 Date: 4/18/2018

Application Type:

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

*If Town Council review required, include Zoning Application Number: Z-18-00103

I. PROJECT ADDRESS: 1338 North Lake Way, 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.

Expand kitchen
Create new walkway from existing parking lot to existing electrical room
New Generator Room
Pool deck renovation to include replacing pool deck floor, eliminate cabanas and replace with new locker rooms, new cabanas, youth rooms, seating area, covered walkway, awning, new sundeck
Replace wood shake roof with new to match existing

Const. Type: CBS: yes Frame: no Colors: Building: yellow Roof: gray

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: Keith Spina License #: AR13419

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Sailfish Club of Palm Beach

Owner's Address (if different from Subject Address): 1338 North Lake Way

Phone number: 561-844-0206

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) John Newman, General 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-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-015-2018 Date: 04-09-2018

Application Type:

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

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

I. PROJECT ADDRESS: 528 North Lake Way

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

Proposed concept for North yard to include demo of existing pool, construction of new pool, Open air structure, relocation of generator and pool equipment with new enclosure, new site walls and remodeled 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: Mario Nievera License #: LA6666856

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: NLWFL LLC.

Owner's Address (if different from Subject Address): 251 Royal Palm Way, Palm Beach, FL 33480 Phone number: 561-835-1313

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 G. Simses 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-017-2018 Date: 4/24/2018

Application Type:

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

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

I. PROJECT ADDRESS: 735 Island Dr.

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 site walls and associated perimeter landscaping. Modify equipment locations.

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

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

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

III. DESIGN PROFESSIONAL(S):

[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: Thomas M. Kirchhoff License #: AR0014635

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Ocean Island One LLC

Owner's Address (if different from Subject Address): 777 S. Flagler Dr, Ste. 1900,

West Palm Beach, FL 33401 Phone number: 561-575-9994

Signature (**owner or owner's legally authorized agent***): By: Paul Marzilli

*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) Joseph Marzilli, Manager

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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: A-021-2018 Date: 5/9/18

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

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

I. PROJECT ADDRESS: 232 COLONIAL 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.

PROPOSAL OF FENESTRATION CHANGES TO PREVIOUSLY APPROVED PROJECT.

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

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

Trim: OFF WHITE Shutters: CHARCOAL *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: PAT SEGRAVES License #: _____

Phone number: 561-655-1116 Email address: PAT@SKAARCHITECT.COM

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: SKIK, LLC (ZVENKA KLEINFELD MANAGER)

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

Phone number: 561-655-1116

Signature (owner or owner's legally authorized agent*): Zvenka Kleinfeld
*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) ZVENKA KLEINFELD