



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-025-2017 Date: March 20, 2017

Application Type:

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Major
Minor

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Combination*
Minor with notice

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

I. PROJECT ADDRESS: 1020 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.

Time extension for demolition B-041-2016, approved July 27, 2016, with
landscape revisions.

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

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

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

III. DESIGN PROFESSIONAL(S):

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Architect
Landscape Architect
Other: _____

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Design Consultant
Engineer

Name of Professional: Ralph Cantin, A.I.A. License #: AR0015176

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 1020 South Ocean LLC

Owner's Address (if different from Subject Address): 605 N. Olive Avenue, 2nd Floor
West Palm Beach, FL 33401 Phone number: (561) 721-4004

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) Francis X. J. Lynch, Esq., 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-031-2017 Date: March 22, 2017

Application Type:

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Major
Minor

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Combination*
Minor with notice

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

- I. PROJECT ADDRESS: 446 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.

Demolition of a two-story residence, guest house, pool, pool pavilion, tennis court, tennis pavilion,
hardscape and landscape.

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

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

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

- III. DESIGN PROFESSIONAL(S):

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Architect
Landscape Architect
Other: _____

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Design Consultant
Engineer

Name of Professional: Harold J. 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: Steven 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*): _____

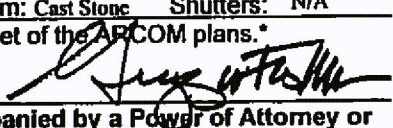
*if signed by a legally authorized agent, must be accompanied by a Power of Attorney or statement from the property owner authorizing the signer to sign on the owner's behalf.

(printed name and title) Maura Ziona, Atty



APPLICATION FOR ARCHITECTURAL COMMISSION REVIEW
(Please refer to attached Electronic Submission Instructions)

ARCOM CASE #: B 065-2016

1. Project Address: 320 Seabreeze Avenue, Palm Beach, FL 33480
2. Name of the Applicant: Mr. & Mrs. Gregory Fisher
Address: 550 Haverhill Road, Bloomfield, MD 48304 Telephone#: (248) 770-8418
3. Name of Architect/Engineer: Patrick Segraves, SKA Architect + Planner
Phone #: (561) 655-1116 Architect's e-mail address: pat@skaarchitect.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 existing house and new construction of 2,800 square foot Mediterranean Revival two-story home. Home will consist of three bedrooms and two and one half baths, with living room, dining room and kitchen. Final landscape/hardscape to be included.
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): Clay Barrel Const. Type: CBS ? X
Frame?: Colors: Building: Off White Roof: Clay Barrel Trim: Cast Stone 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 - 066 - 2016

1. **Project Address:** 340 Seaview Avenue, Palm Beach, FL 33480
2. **Name of the Applicant:** Town of Palm Beach (Tom Bradford, Town Manager)

Address: 340 Seaview Avenue, Palm Beach, FL 33480 **Telephone#:** c/o Maura Ziska at 561-802-8960
Architect: Stephen Boruff, AIA Architects + Planners, Inc.
3. **Name of Architect/Engineer:** Landscape Architect: Nievera Williams Design

Phone #: 561-471-8520 **Architect's e-mail address:** info@sba-arch.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 the existing one-story recreation center, maintenance building, proshop, tennis hitting wall & backstop and the construction of a new two-story, community center & gymnasium, new maintenance building and a new tennis observation pavilion with attached tennis hitting wall & maintenance yard and associated site work including a new elevated plaza, numerous new stairs and ramps, new playground area and the renovation and expansion of on-site parking.
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: Special Exception #30-2016
6. **Number of stories:** 2 **Roof material (type):** Clay Barrel Tile **Const. Type:** CBS ? Yes
Frame?: Colors: Building: Timid White Roof: Red Trim: Cast Stone Shutters: None
also, please provide the above information on the cover sheet of the ARCOM plans.
7. **Signature: (owner or owner's legally authorized agent*):** Thomas B. Bradford
*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



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-002-2017 Date: 12/19/16

Application Type:

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Major
Minor

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Combination*
Minor with notice

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

I. PROJECT ADDRESS: 256 Fairview 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.

Demolition of a 1 story residence, pool, landscape and hardscape. Construction of a
2 story residence, pool/spa, landscape and hardscape.

Number of Stories: 2 Roof Material (type): cement tile Const. Type: CBS
CBS: Yes Frame: _____ Colors – Building: off white Roof: gray Trim: white
Shutters: blue *this information to be included on the cover sheet of the ARCOM plans

III. DESIGN PROFESSIONAL(S):

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Architect
Landscape Architect
Other: _____

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Design Consultant
Engineer

Name of Professional: Roger P. Janssen/Dailey Janssen Architects License #: AR - 14785

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 256 Fairview Road, LLC

Owner's Address (if different from Subject Address): 33 SE 5th Street, Suite 100

Boca Raton, FL 33432 Phone number: 561.789.5558

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) Stephen Cohen, 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: _____ Date: 12-16-2016

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

*If Town Council review required, include Zoning Application Number: Site Plan Review #1-2017

- I. PROJECT ADDRESS: 235 Via Vizcaya, Palm Beach, FL 33480
- II. DESCRIPTION OF THE REQUEST: The exact wording in this section will appear on the ARCOM Agenda. Please include a comprehensive summarized description of the proposed project.

Mediterranean Revival style two-story home to be 7,444 square feet consisting of four bedrooms, six and one half bathrooms, kitchen, dining room, family room, living room, library, loggias, two-car garage and guest apartment. Final landscape, hardscape and drainage to be included.

Number of Stories: 2 Roof Material (type): clay barrel tile Const. Type: _____
CBS: X Frame: _____ Colors – Building: White Roof: Clay Trim: Cast Stone
Shutters: n/a *This information to be included on the cover sheet of the ARCOM plans

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: SKA Architect + Planner License #: AR10181
Phone number: 561 655 1116 Email address: info@skaarchitect.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 235 Via V PB, LLC
Owner's Address (if different from Subject Address): 235 Via Vizcaya, Palm Beach, FL 33480
Phone number: 561 655-1116

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

(printed name and title) _____



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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-009-2017 Date: 12-16-2016

Application Type:

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Major
Minor

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Combination*
Minor with notice

*If Town Council review required, include Zoning Application Number: Site Plan Review #2-2017

I. PROJECT ADDRESS: 12 Via Vizcaya, Palm Beach, FL 33480

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

Classical style two-story home to be 6,958 square feet consisting of 4 bedrooms,

five and one half bathrooms, kitchen, dining room, family room, library, loggias,

and two car garage. Final landscape, hardscape and drainage to be included.

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

CBS: X Frame: Colors - Building: White Roof: Grey Trim: Stucco

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

III. DESIGN PROFESSIONAL(S):

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Architect
Landscape Architect
Other:

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Design Consultant
Engineer

Name of Professional: SKA Architect + Planner License #: AR10181

Phone number: 561 655 1116 Email address: info@skaarchitect.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: JDC Florida Properties, LLC

Owner's Address (if different from Subject Address): 12 Via Vizcaya, Palm Beach, FL 33480

Phone number: 561 655-1116

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

(printed name and title)



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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-013-2017

Date: 2/14/17

Application Type:

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Major
Minor

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Combination*
Minor with notice

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

I. PROJECT ADDRESS: 220 INDIAN 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.

ADDITION OF ENLARGED FOYER WITH NEW RAISED
HIPPED ROOF WITH ROOF TILES, EAVES &
BRACKETS TO MATCH EXISTING NEW WDO'S,
SHUTTERS, & FRONT DOOR @ STREET SIDE.
Number of Stories: 1 Root Material (Type): CONC. TILE

Const. Type: CMU Frame: _____ Colors: _____ Building: _____ Roof: WHITE

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

III. DESIGN PROFESSIONAL(S):

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Architect
Landscape Architect
Other: _____

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Design Consultant
Engineer

Name of Professional: MICHAEL J. POLKA License #: AR 93714

Phone number: 561 493-1500 Email address: mpolka@yrainc.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: FRAENKEL, FRANCIS AND SWEENEY, FRANCES

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

X _____ Phone number: 917 697 8553

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

*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) X FRANCIS L. FRAENKEL



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-018-2017

Date: 02-10-2017

Application Type:

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Major
Minor

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Combination*
Minor with notice

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

I. PROJECT ADDRESS: 323 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.

Demolition of existing two story home. New two story home to be approximately 3,800 square feet.

Home will consist of three bedrooms, four and one half bathrooms, living room, dining room,
family room, kitchen, laundry, loggia, two car garage And renovation to the existing guest house and cabana
Final landscape plan to be included.

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

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

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

III. DESIGN PROFESSIONAL(S):

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Architect
Landscape Architect
Other: _____

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Design Consultant
Engineer

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

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Desiree Luccio

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

[Signature] Phone number: (310)567-8801

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) Desiree Luccio, 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-019-2017 Date: 2/15/17

Application Type:

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Major
Minor

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Combination*
Minor with notice

*If Town Council review required, include Zoning Application Number: Var #10-2017

I. PROJECT ADDRESS: 120 Jungle Rd

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

EXPANSION OF EXISTING 2 STORY GARAGE AND ASSOCIATED

LANDSCAPE/HARDSCAPE

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

Const. Type: CBS: Y Frame: _____ Colors: Building: Lt Gray Roof: N.A.

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

III. DESIGN PROFESSIONAL(S):

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Architect
Landscape Architect
Other: _____

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Design Consultant
Engineer

Name of Professional: Bridges, Marsh & Assoc License #: AR0009030

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Leo A. Jr. Vecellio & Kathryn C. Vecellio

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

Phone number: _____

Signature (owner or owner's legally authorized agent*): Leo A. Jr. Vecellio & Kathryn C. Vecellio
*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) Leo Vecellio, Jr & Kathryn C. Vecellio



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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-020-2017 Date: MARCH 22, 2017

Application Type:

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Major
Minor

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Combination*
Minor with notice

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

I. PROJECT ADDRESS: 202 ONONDAGA AVE./PALM BEACH, FL 33405

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

RENOVATIONS TO EXISTING ONE STORY
RESIDENCE AND PARTIAL 2ND FLOOR ADDITION
TO SAME. LANDSCAPE AND HARDSCAPE
CHANGES INCLUDED.

Number of Stories: 2 Roof Material (type): CONC. TILE

Const. Type: CBS: YES Frame: NO Colors: Building: WHITE Roof: WHITE

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

III. DESIGN PROFESSIONAL(S):

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Architect
Landscape Architect
Other: _____

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Design Consultant
Engineer

Name of Professional: FAIRFAX, SAMMONS & PARTNERS License #: AR0016906

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 202 ONONDAGA LLC

Owner's Address (if different from Subject Address): 11750 LAKE SHORE PL.

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

Signature (owner or owner's legally authorized agent*): AIME TORRES-CRUZ

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

(printed name and title)

AIME TORRES-CRUZ (PROJECT MANAGER
FOR ARCHITECT)



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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

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

Application Type:

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Major
Minor

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Combination*
Minor with notice

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

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

Main entry gate and columns and service gate with columns

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

CBS: _____ Frame: _____ Colors – Building: _____ Roof: _____ Trim: _____

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

- III. DESIGN PROFESSIONAL(S):

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Architect
Landscape Architect
Other: _____

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Design Consultant
Engineer

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

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

- IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Keith Frankel

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

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

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

(printed name and title) Keith Frankel



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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-022-2017 Date: 03/13/2017

Application Type:

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Major
Minor

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Combination*
Minor with notice

*If Town Council review required, include Zoning Application Number: 10-2017

- I. PROJECT ADDRESS: 1430 North 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.

New 164.5 S.F. Beach Cabana Addition with new Landscape and Hardscape

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

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

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

III. DESIGN PROFESSIONAL(S):

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Architect
Landscape Architect
Other: _____

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Design Consultant
Engineer

Name of Professional: MP Design & Architecture License #: AA26001667

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Valerie or Greg Frost

Owner's Address (if different from Subject Address): 1438 North Ocean Blvd.
Palm Beach, FL 33480 Phone number: 760-522-3100

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

*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, Atty



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-023-2017 Date: 3/22/17

Application Type:

☒

Major
Minor

☐

Combination*
Minor with notice

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

- I. PROJECT ADDRESS: 234 Kenlyn 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.

Renovations to existing garage. New hardscape and landscape.

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

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

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

- III. DESIGN PROFESSIONAL(S):

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Architect
Landscape Architect
Other: _____

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Design Consultant
Engineer

Name of Professional: MP Design & Architecture License #: AA#26001667

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

- IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Kenan Sterling Keenan

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

Phone number: 561-762-8595

Signature (owner or owner's legally authorized agent*): Sterling Keenan
*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) Sterling Keenan, 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-024-2017**

Date: **03/08/17**

Application Type:



Major
Minor



Combination*
Minor with notice

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

I. **PROJECT ADDRESS:** **144 Seminole Avenue**

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

Demolition of existing 1-story single family residence and construction of a new 2-story single family residence, new hardscape and landscape.

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

Const. Type: CBS: **Yes** Frame: **n/a** Colors: Building: **White** Roof: **Gray**

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

III. **DESIGN PROFESSIONAL(S):**



Architect
Landscape Architect
Other:



Design Consultant
Engineer

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

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

IV. **OWNER/AGENT INFORMATION:**

Property Owner's Name: **Ebil Management Limited**

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

Toronto, Ontario M5R1E9

Phone number: **416.258.7026**

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

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

(printed name and title)

Eric Bresler, 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-026-2017 Date: March 20, 2017

Application Type:

☒

Major
Minor

☐

Combination*
Minor with notice

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

- I. PROJECT ADDRESS: 100 Via Del Lago
- 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 100 Via Del Lago and the construction of a new two-story

Mediterranean home, landscape and hardscape on the combined lot

1020 South Ocean Blvd. and 100 Via Del Lago

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

Const. Type: CBS: ☒ Frame: _____ Colors: Building: White Roof: Blended Terra Cotta
Cast Stone

Trim: & Stone Shutters: None *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: Phillip James Dodd,
Bespoke Residential Design LLC License #: Ralph Cantin, A.I.A.
AR0015176
Architect of Record

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 1020 South Ocean LLC

Owner's Address (if different from Subject Address): 605 N. Olive Avenue, 2nd Floor

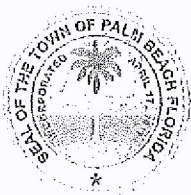
West Palm Beach, FL 33401

Phone number: (561) 721-4004

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

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

(printed name and title) Francis X. J. Lynch, Esq., 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-027-2017

Date: March 2, 2017

Application Type:

☒

Major
Minor

☐

Combination*
Minor with notice

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

- I. PROJECT ADDRESS: 228 Via Las Brisas, Palm Beach FL 33480
- II. DESCRIPTION OF THE REQUEST: The exact wording in this section will appear on the ARCOM Agenda. Please include a comprehensive summarized description of the proposed project.

Major renovation of existing 2-story 12,728 square foot home. Partial demolition of previous addition and pool gazebo (2,138 square feet). Addition of 2,100 square foot garage and loggia. Final landscape and hardscape to be included.

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

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

Trim: Cast Stone Shutters: n/a *This information to be included on the cover sheet of the ARCOM plans

- III. DESIGN PROFESSIONAL(S):

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☐
☐

Architect
Landscape Architect
Other: _____

☐
☐

Design Consultant
Engineer

Name of Professional: SKA Architect + Planner (Patrick Segraves) License #: AR0010181

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

- IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Mr. Maximo Haddad

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

Phone number: (561) 741-1307

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) Mr. Maximo Haddad, 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-028-2017

Date: 3/22/2017

Application Type:

☒

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):

☒

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

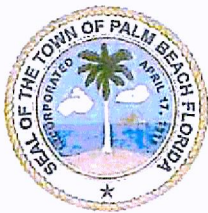
WEST PALM BEACH, FL 33402

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 Satter / 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-029-2017 Date: March 15, 2017

Application Type:

☒

Major
Minor

☒

Combination*
Minor with notice

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

I. PROJECT ADDRESS: 1055 N. Ocean Blvd, Palm Beach FL 33480

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

Major renovation of existing one story 6,667 square foot home.

Partial demolition of first floor to include trellis area, addition of 4,665 square foot second floor,
and change of style to Mediterranean. Final landscape and hardscape to be included.

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

Const. Type: CBS: X Frame: _____ Colors: Building: Light Yellow Roof: Clay

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

III. DESIGN PROFESSIONAL(S):

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Architect
Landscape Architect
Other: _____

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Design Consultant
Engineer

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

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 3200 Washington, LLC

Owner's Address (if different from Subject Address): 143 Clarendon Avenue, Palm Beach

Phone number: (301) 928-4520

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

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

(printed name and title) Joel P. Koepfel, 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-030-2017 Date: March 21, 2017

Application Type:

☒

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):

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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*): [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) 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 -0400

*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



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-033-2017

Date: 22nd March 2017

Application Type:

☐

Major
Minor

☐

Combination*
Minor with notice

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

I. PROJECT ADDRESS: 2299 Ibis Isle, 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.

Application for a front gate at drive entrance;
revision of stucco type for the house;
location of security lights
+ Update to landscape and exterior lighting plan

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

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

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

III. DESIGN PROFESSIONAL(S):

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Architect
Landscape Architect
Other: _____

☐
☐

Design Consultant
Engineer

Name of Professional: Krsto Stamatovski License #: AR0017704

Phone number: 561-393-2440 Email address: k@studiokarchitects.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: J R International Overseas Ltd

Owner's Address (if different from Subject Address): [Subject address]

Phone number: 561-685-6850

Signature (owner or owner's legally authorized agent*): Jason M
*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 Rawding, Authorized member



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-008-2017 Date: 03/02/2017

Application Type:

☐
☒

Major
Minor

☐
☐

Combination*
Minor with notice

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

- I. PROJECT ADDRESS: 146 Gulfstream Road
- II. DESCRIPTION OF THE REQUEST: The exact wording in this section will appear on the ARCOM Agenda. Please include a comprehensive summarized description of the proposed project.

Removal of a second floor covered balcony; replacement of balconies; entry door replacement; entry door surround; roof eave modifications

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

Const. Type: CBS: X Frame: - Colors: Building: beige Roof: terra cotta

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

- III. DESIGN PROFESSIONAL(S):

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Architect
Landscape Architect
Other: _____

☐
☐

Design Consultant
Engineer

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

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

- IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Carlos Arredondo

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

Phone number: (561) 386-6481

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) CARLOS A. ARREDONDO, 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-011-2017 Date: 3/15/2017

Application Type:

☐

Major
Minor

☒

Combination*
Minor with notice

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

- I. PROJECT ADDRESS: 171 Dunbar Road, Palm Beach, FL 33480-3712
- 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.

Hardscape and Landscape Renovation Plan

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):

☒

Architect
Landscape Architect
Other: _____

☐

Design Consultant
Engineer

Name of Professional: Steve Parker License #: LA0001089

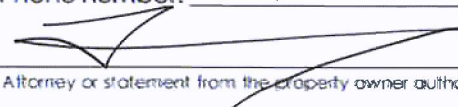
Phone number: (561)747-5069 Email address: steve@pydg.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Palm Beach Dunbar LLC

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

Phone number: (561)318-5048

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) Frank J. Sciamme



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-012-2017 Date: March 22, 2017

Application Type:

☐ Major
☐ Minor

☒ Combination*
☐ Minor with notice

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

I. PROJECT ADDRESS: 156 Dolphin 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 parking and turn out space located in north east corner of the property and repair and replace existing

Driveway with associated landscape and hardscape changes to the site.

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 coversheet of the ARCOM plans

III. DESIGN PROFESSIONAL(S):

☒ Architect
☐ Landscape Architect
☐ Other:

Architect
Landscape Architect
Other:

☐ Design Consultant
☐ Engineer

Design Consultant
Engineer

Name of Professional: Donald J. Skowron, Jr. License #: LA6666674

Phone number: (561) 602-6277 Email address: Donskowron@me.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Mr. John P. Dewing, Jr.

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

Phone number: (561) 601-2585

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 signatory to sign on the owner's behalf.

(printed name and title) JOHN P. DEWING JR 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-014-2017 Date: 04/12/17

Application Type:

☐
☒

Major
Minor

☐
☐

Combination*
Minor with notice

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

I. **PROJECT ADDRESS:** 183 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.

Installation of HVHZ SuperNova Accordion Shutters for 4 openings in White.

Number of Stories: 1 Roof Material (type): _____ Const. Type: _____

CBS: _____ Frame: _____ Colors – Building: _____ Roof: _____ Trim: _____

Shutters: 4 *this information to be included on the cover sheet of the ARCOM plans

III. **DESIGN PROFESSIONAL(S):**

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Architect
Landscape Architect
Other: Contractor

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☐

Design Consultant
Engineer

Name of Professional: Assured Storm Protection LLC License #: U-21947

Phone number: 954-772-9009 Email address: assuredstorm@comcast.net

IV. **OWNER/AGENT INFORMATION:**

Property Owner's Name: Palm Beach Framemakers Inc.

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

Phone number: 561-835-0080

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

*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) Jineen Cronin



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-015-2017 Date: April 12, 2017

Application Type:

☐
☒

Major
Minor

☐
☐

Combination*
Minor with notice

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

- I. PROJECT ADDRESS: 449 Australian 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.

Modification to the side yard entry door and design of the exterior railings as previously approved; as well as the addition of a round window in the powder room, new pier lights on front site walls and an outdoor shower indicated on the exterior elevations (location approved on site plan at original ARCOM presentation).

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

Const. Type: CBS: Yes Frame: No Colors: Building: White Roof: White

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

- III. DESIGN PROFESSIONAL(S):

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Architect
Landscape Architect
Other: _____

☐
☐

Design Consultant
Engineer

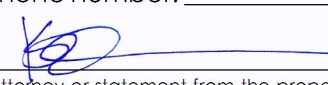
Name of Professional: Kevin Asbacher, AIA License #: AR95435

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

- IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Cushing Investments, LLC

Owner's Address (if different from Subject Address): 329 Clematis Street
West Palm Beach, FL 33401 Phone number: (561) 488-8438

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) Kevin Asbacher, AIA, Architect



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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: A-016-2017

Date: April 12th 2017

Application Type:

☒

Major
Minor

☐

Combination*
Minor with notice

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

I. PROJECT ADDRESS: 302 South County Rd, Palm Beach, FL 33480

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

(i) Awning color approval: change from original pink with white stripes to solid color.

(ii) Store front window vinyl graphic lettering

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

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

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

III. DESIGN PROFESSIONAL(S):

☐
☐
☐

Architect
Landscape Architect
Other: _____

☐
☐

Design Consultant
Engineer

Name of Professional: _____ License #: _____

Phone number: _____ Email address: _____

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Le Macaron Palm Beach LLC

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

Phone number: 561-249-3028

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) Natasha Rawding - owner

Jason Rawding - owner