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-042-2018 Date: 3/19/2018

Application Type:

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

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

I. PROJECT ADDRESS: 830 S. COUNTY 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.

Demolition of existing 2-story residence, guest house, pool and associated hardscape.

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 [ ] 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: M. Mark Marsh License #: AR9030

Phone number: 561.832.1533 Email address: mmm@bridgesmarsharchitects.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Kenneth W & Claudia J. Silverman

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

_____ Phone number: _____

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

(printed name and title) KENNETH W. SILVERMAN

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 [ ] Consultant [ ] Engineer 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-070-2017 Date: June 27, 2017

Application Type:

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

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

I. PROJECT ADDRESS: 225 Tangier 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.

1) Demolition of an existing residence constructed in 1958

2) Construction of new one story Bermuda style 6,192 sq.ft. residence, with swimming pool, associated landscaping and landscape lighting.

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

- [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: Affiniti Architects License #: AA0002340

Phone number: 561-750-0445 Ext. 117 Email address: bschreier@affinitiarchitects.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: ILLKM PB LLC

Owner's Address (if different from Subject Address): 10 Melville Park Road,Melville, NY 11747 Phone number: 631-414-4038

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

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

(printed name and title) Jeffrey M. Weiner 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: B-105-2017 Date: Nov 7, 2017

Application Type:

- [x] Major
- [ ] Minor
- [x] 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.

New construction of Mediterranean Revival home to be approximately 7,000 square feet. 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 Barrel

Trim: Cast 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: SKA Architect + Planner License #: AR0010181

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 235 Via V PB, LLC

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

Phone number: (561) 655-1116

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

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

(printed name and title) FRANCIS X. J. LYNCH, ATTORNEY

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

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-024-2018 Date: 02/12/2018

Application Type:

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

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

I. PROJECT ADDRESS: 561 Island Drive

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

Driveway gates, adjacent walls, columns and pedestrian gates located at side of house facing the street

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

Name of Professional: Mario Nievera (Keith Williams) License #: LA 6666856

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 561 Island Drive LLC

Owner's Address (if different from Subject Address): 400 Royal Palm Way, #404, Palm Beach, FL 33480 Phone number: (561) 832-0637

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

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

(printed name and title) Charles J. Schneider, 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-030-2018 Date: 02.19.18

Application Type:

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

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

I. PROJECT ADDRESS: 905 N. Ocean Blvd. Palm Beach FL 33480

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

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

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

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

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

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

III. DESIGN PROFESSIONAL(S):

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

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

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Patrick and Lillian Carney

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

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

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

(printed name and title) PATRICK CARNEY

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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-034-2018 Date: 02/12/18

Application Type:

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

- [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: 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-036-2018 Date: 3-20-18

Application Type:

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

*If Town Council review required, include Zoning Application Number: Z-18-00087

I. PROJECT ADDRESS: 211 Tangier Avenue, Palm Bch, 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.

Enclosure of an existing 200 sq ft loggia in the rear of the property. CCR variance requested.

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

Const. Type: CBS: ✓ Frame: _____ Colors: Building: white Roof: clay

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

III. DESIGN PROFESSIONAL[S]:

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

Name of Professional: Pat Segraves License #: AR0010181

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Robert Kramer

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

Phone number: (561) 842-3010

X Signature (owner or owner's legally authorized agent*) Robert Kramer

*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 Kramer, 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-037-2018 Date: 3/12/18

Application Type:

- [x] 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):

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

Name of Professional: SKA Architect + Planner License #: 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-038-2018 Date: 03/15/2018 original 03/27/2018 revised

Application Type:

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

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

I. PROJECT ADDRESS: 1230 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.

Change to a previously approved single family residence. The owner would like to construct the home at a finished floor elevation of 7' NAVD in lieu of 7.5 NGVD to meet current Town and FEMA requirements. No variances will be required. Landscape and hardscape revisions.

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

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

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

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: Harold Smith/Smith and Moore Architects, Inc. License #: RA0008742

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Dr. and Mrs. Tony Nader

Owner's Address (if different from Subject Address): 1436 North Ocean Way, Palm Beach, FL

Phone number: (561) 348-4290

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) ANTOINE NADER, 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-039-2018 Date: March 20, 2018

Application Type:

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

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

I. PROJECT ADDRESS: 130 Clarendon Ave. Palm Beach, FL. 33480

DESCRIPTION OF THE REQUEST:

Renovations to existing two story residence. New One-Story Pool Pavilion. Changes to Motor Court, hardscape & Landscaping

Number of Stories: TWO Roof Material (type): CLAY BARREL TILE

Const. Type: CBS: X Frame: ____ Colors: Building: LIGHT SALMON Roof: CLAY

Trim: LIGHT SALMON Shutters: SEA FOAM 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

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. HARRY SLATKIN

Owner's Address (if different from Subject Address): 18 East 74th Street NY NY 10021
Phone number: (646) 918-4366

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) _____

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-041-2018 Date: 3.18.18

Application Type:

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

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

I. PROJECT ADDRESS: 680 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.

WINDOW & DOOR CHANGES, CONTINUATION OF COLUMNADE ALONG ENTRY FACADE, LOGGIA ADDITION ON EAST/OCEAN FACADE, CAST STONE DETAILS & ASSOCIATED CHANGES TO LANDSCAPE & HARDSCAPE.

Number of Stories: 2 Roof Material (type): BARREL TILE (EXISTING)

Const. Type: CBS: X Frame: _____ Colors: Building: VANILLA Roof: TERRA COTTA

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

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: STUDIO SR ARCHITECTURE & DESIGN License #: AA26003104

Phone number: 561.818.1152 Email address: RS@STDSR.COM OR RR@STDSR.COM

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: MR RICHARD KURTZ

Owner's Address (if different from Subject Address): 680 SOUTH OCEAN BLVD PALM Beach, FL 33480 Phone number: 1-832-849-7065

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 RICHARD KURTZ

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-043-2018 Date: March 20, 2018

Application Type:

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

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

I. PROJECT ADDRESS: 1494 N LAKE WAY, PALM BEACH, FL. 33480

DESCRIPTION OF THE REQUEST:

NEW LIVING SPACE INFILL TO EXISTING ONE STORY FOUR-CAR GARAGE AT ROOF ATTIC. NEW COPPER DORMERS AT MANSARD ROOF. ALL COLORS AND MATERIALS TO MATCH EXISTING.

Number of Stories: ONE Roof Material (type): CYPRESS SHINGLES

Const. Type: CBS: X Frame: ____ Colors: Building: LIGHT BEIGE 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

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: MALCOLM HALL

Owner's Address (if different from Subject Address): 1494 N LAKE WAY, PALM BEACH, FL. 33480
Phone number: (561) 844-9445

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) M. W. HALL (ME)

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-044-2018 Date: March 20, 2018

Application Type:

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

*If Town Council review required, include Zoning Application Number: Z-18-00095

I. PROJECT ADDRESS: 184 Bradley Place

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.

Replace and enlarge existing dock electrical building for 3-phase power and to meet current codes

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

Const. Type: CBS: X Frame: _____ Colors: Building: Match Existing 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
Check if you are an ARCOM member and this project will result in a voting conflict for you.

Name of Professional: Ralph Cantin Architect, Inc. License #: AR 0015176

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Parc Regent Condominium Association, Inc.

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

Phone number: (561) 659-1419

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, Attorney in fact

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: A-011-2018 Date: 04/10/2018

Application Type:

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

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

I. PROJECT ADDRESS: 1226 North Lake Way

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

Replacement of east-facing windows; elimination of two windows at second floor east-facing loggia; addition of two doors on same loggia.

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

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: Harold Smith/Smith and Moore Architects, Inc. License #: RA0008742

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Alan Marantz

Owner's Address (if different from Subject Address): 245 Sterling Road, Harrison, NY 10528

_____ 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) Alan Marantz, Owner

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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: A-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-013-2018 Date: 04/10/2018

Application Type:

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

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

I. PROJECT ADDRESS: 215 Brazilian 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.

Changes made during construction including balusters, vehicular gates, garage doors, and other minor additional items.

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

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

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

III. DESIGN PROFESSIONAL(S):

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

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

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: ARCA 21, LLC.

Owner's Address (if different from Subject Address): 1701 W. Hillsboro Blvd., Ste. 201, Deerfield Beach, FL 33442 Phone number: (954) 246-1580

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) Arnaldo Cunha Campos - 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-014-2018 Date: April 10, 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:

Fenestration changes at existing two story residence.

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: 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