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-011-2018 Date: 12.29.17

Application Type:

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

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

I. PROJECT ADDRESS: 220 JUNGLE 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.

DEMOLITION OF EXISTING TWO STORY RESIDENCE

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

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

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

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: MICHAEL S. JOHNSON License #: AR0010517

Phone number: 561 746-6564 Email address: _____

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: BARNACLE PB LLC

Owner's Address (if different from Subject Address): 222 LAKEVIEW AVE #950 WEST PALM BEACH 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) Edward Kedtenbach

**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-025-2018 Date: 02/21/2018

Application Type:

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

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

I. PROJECT ADDRESS: 165 Seaspray 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 the existing two-story residence, pool, and all existing 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: Daniel Kahan License #: 94757

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Oliver H. Quinn

Owner's Address (if different from Subject Address): 210 Seaspray Avenue, Palm Beach, FL 33480

_____ Phone number: (561) 835-1888

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) Oliver H. Quinn

**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-026-2018 Date: 02/21/2018

Application Type:

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

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

I. PROJECT ADDRESS: 1800 South Ocean Boulevard

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

Demolition of residence, accessory structures, hardscape elements and landscape.

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

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

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

III. DESIGN PROFESSIONAL(S):

[ ] Architect
[X] Landscape Architect
[ ] Other: _____

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

Name of Professional: Keith Williams/Nievera Williams Design License #: LA6666856

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Hilda Santana and The Northern Trust Company, an Illinois State banking corporation, as successor by merger with Northern Trust, NA., as successor co-trustees of the Mary M. Montgomery Trust dated July 28, 2006, as restated and amended

Owner's Address (if different from Subject Address): c/o John White II, Nason Yeager et al, 3001 PGA Blvd., Suite 305, Palm Beach Gardens, Florida 33410 Phone number: (561) 686-5088

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 ZISKA, AUTHORIZED AGENT

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

## APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-028-2018 Date: 2|5|18

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

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

I. PROJECT ADDRESS: 341 Eden Road, Palm Beach, FL 33480

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

Demolition of existing one story house.

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

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

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

III. DESIGN PROFESSIONAL(S):
- [x] Architect
- [ ] Landscape Architect
- [ ] Other: _____
- [ ] Design Consultant
- [ ] Engineer
- [ ] *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: Michael Belisle & Linda Gary

Owner's Address (if different from Subject Address): 201 Worth Avenue, Palm Beach, FL 33480 Phone number: (561) 309-7059

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) Michael Belisle & Linda Gary, owners

**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-082-2017 Date: November 10, 2017

Application Type:

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

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

I. PROJECT ADDRESS: 535 North County 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.

New 14,017s.f. a/c Main House, 1,426s.f. a/c Guest House, and 451s.f. a/c Staff Quarters, with 2,320s.f. of Garage area, 4,586s.f. of Covered Loggia and Covered Entries, 4,658s.f. of Basement Storage, in Modern Style, Driveway, Pools and Garden.

Number of Stories: 2 Roof Material (type): Built Up Roofing

Const. Type: CBS: Yes Frame: n/a Colors: Building: White+Stone Roof: White

Trim: none Shutters: none *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: Boyle Architecture PLLC License #: AA26003305

Phone number: 954-560-9064 Email address: bill@wmboyle.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 535 North County Road LLC

Owner's Address (if different from Subject Address): 41 SE 5th st, 2nd Flr

Boca Raton, FL 33432 Phone number: 561-272-6852

Signature (**owner or owner's legally authorized agent***): Holly G. Gershon

*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) Holly G. Gershon, 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-094-2017 Date: 10/06/17

Application Type:

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

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

I. PROJECT ADDRESS: 149 E Inlet Drive, 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 existing residence, pool, hardscape and landscape and construction of a new two-story residence, guest house, pool and all associated landscape and hardscape.

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

Const. Type: CBS: Yes Frame: No 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: Roger P Janssen License #: FL# 14785

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Myron Miller

Owner's Address (if different from Subject Address): 149 E. Inlet Drive, Palm Beach

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) Myron Miller

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-097-2017 Date: 9-28-2017

Application Type:

☐ Major ☐ Minor ☑ Combination* ☐ Minor with notice

*If Town Council review required, include Zoning Application Number: Z-17-00042

I. PROJECT ADDRESS: 1700 S. Ocean Blvd. Palm Beach, FL 33482

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 two story structure in the Regency style with flat roof, pediments, smooth stucco walls, stucco mouldings, parapets, and vertical and horizontal banding, white aluminum impact French doors and casement windows, covered terrace, and pergolas. New driveway, patio, pool, and landscape design by Lynn Bender Landscape Architecture.

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

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

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

III. DESIGN PROFESSIONAL(S):

☑ Architect ☐ Landscape Architect ☐ Other: ☐ Design Consultant ☐ Engineer

Name of Professional: Jacqueline Albarran License #: AR0011701

Phone number: 561-655-7676 Email address: jackie@jackiealbarran.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Ocean Villa Holdings, LLC (Jagbir Singh)

Owner's Address (if different from Subject Address): 1890 S. Ocean Blvd Lake Worth, FL 33462

_____ Phone number: 908-342-1829

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) JAGBIR SINGH, MGR

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-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-016-2018 Date: January 16, 2018

Application Type:
[ ] [ ] X Major [ ] [ ]

*If Town Council review required, include Zoning Application Number: Z18-00068

I. PROJECT ADDRESS: 1280 N. 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.

New 2 story residence, hardscape, landscape, and pool. New dock.

Number of Stories: 2 Roof Material (type): Conc. Tile

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

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

III. DESIGN PROFESSIONAL(S):

[x] Architect
[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: Thomas M. Kirchhoff License #: AR0014635

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 1280 North Lake Way LLC

Owner's Address (if different from Subject Address): 222 Lakeview Ave, Ste. 1500, W. Palm Beach, FL 33401

Phone number: 561-802-8960

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

*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, Mgr.

**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-017-2018 Date: 1/16/2018

Application Type:

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

*If Town Council review required, include Zoning Application Number: Z-18-00072

I. PROJECT ADDRESS: 110 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.

Demolition of existing house, pool, patios, and driveways. Existing perimeter landscaping remains. New irrigated lawn as per code. New two story Colonial Revival style house. New landscape and hardscape.

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

Const. Type: CBS: first floor Frame: second floor Colors: Building: white Roof: gray

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

III. DESIGN PROFESSIONAL(S):

- [x] Architect
- [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.*

Architect: Jacqueline Albarran, Architect P.A. Architect: AR0011701
Name of Professional: Landscape Architect: Mario Nievera FASLA License #: Landscape Architect LA6666856
Architect: 561-655-7676 Architect: jackie@jackiealbarran.com
Phone number: Landscape Architect: 561-659-2820 Email address: Landscape Architect: mario@nieverawilliams.cc

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: SHADOWBROOK LAND TRUST & LAND TRUST SERVICE CORPORATION TR

Owner's Address (if different from Subject Address): PO BOX 186 LAKE WALES FL 33859-0186

Phone number: 863-678-0011

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

*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) MARK WARDA, PRESIDENT

Rev 08/2017

It is expressly understood and agreed between the parties and all successors and assigns that this instrument is executed by the Trustee, not personally, but as Trustee in exercise of authority conferred upon such Trustee. No personal liability or responsibility is assumed by or shall be enforceable against said Trustee, either express or implied.

**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-019-2018 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: 140 KINGS ROAD, PALM BEACH, FL. 33480

DESCRIPTION OF THE REQUEST:

DEMOLITION OF EXISTING RESIDENCE. PROPOSED NEW TWO STORY RESIDENCE. NEW POOL, HARDSCAPE & LANDSCAPE.

Number of Stories: TWO Roof Material (type): FLAT CEMENT TILE

Const. Type: CBS: X Frame: X Colors: Building: WHITE Roof: NATURAL GRAY

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

III. DESIGN PROFESSIONAL(S):

[X] Architect
[ ] Landscape Architect

[ ] Design Consultant
[ ] 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: GW PURUCKER JV

Owner's Address (if different from Subject Address): 5608 PGA BOULEVARD, PALM BEACH GARDENS, FL. 33418 Phone number: (561) 775-1170

Signature (**owner or owner's legally authorized agent***): Gary W. Purucker
*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) GARY W PURUCKER

**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-023-2018 Date: 2/20/18

Application Type:

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

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

I. PROJECT ADDRESS: 210 EL VEDADO

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.

REWORKING OF EXISTING (NORTH) ELEVATION FACADE WITH FULL HOUSE UPDATE OF FENESTRATION, DEMOLITION OF REAR GUEST HOUSE AND POOL. NEW POOL, POOL STRUCTURE AND LANDSCAPING

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

Const. Type: CBS: exst Frame: exst Colors: Building: OC-45 Swiss Coffee Roof: exst

Trim: exst Shutters: HC-142 Stratton Blue *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: BRIDGES, MARSH & ASSOC License #: AR0009030

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: ROBERT HERMANN

Owner's Address (if different from Subject Address): 7701 FORSYTH BLVD 10th FL

ST. LOUIS, MO 63105 Phone number: 314-863-9200

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 HERMANN JR

**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-027-2018 Date: 2/5/18

Application Type:

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

*If Town Council review required, include Zoning Application Number: Z-18-00076

I. PROJECT ADDRESS: 14 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.
Demolition and new construction of two story Classical style home to be approximately 7,400 square feet. Final landscape/hardscape to be included.

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

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

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

III. DESIGN PROFESSIONAL(S):

- [x] Architect
- [ ] Landscape Architect
- [ ] Other: _____
- [ ] Design Consultant
- [ ] Engineer
- [ ] *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: Drs. Dina & Gary Wexler

Owner's Address (if different from Subject Address): 579 E. Woods Road, Palm Beach, FL 33480 Phone number: (561)373-5448

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) Drs. Dina & Gary Wexler, owners

**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-029-2018 Date: FEBRUARY 21, 2018

Application Type:

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

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

I. PROJECT ADDRESS: 306 PENDLETON LANE - PALM BEACH, FL. 33480

II. DESCRIPTION OF THE REQUEST: The exact wording in this section will appear on the ARCOM Agenda. Please include a comprehensive summarized description of the proposed project.
ADDITION OF A ONE STORY LOGGIA ON THE EAST SIDE OF THE RESIDENCE, MODIFICATION OF KITCHEN BAY, REPLACEMENT OF 2ND FLOOR BAY WITH TERRACE & FRENCH DOORS, NEW MASTER TERRACE RAILING, AND LANDSCAPE/HARDSCAPE IMPROVEMENTS.

Number of Stories: TWO Roof Material (type): FLAT CONCRETE TILE

Const. Type: CBS: ✓ Frame: _____ Colors: Building: YELLOW Roof: WHITE

Trim: WHITE Shutters: GREEN *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: RICHARD F. SAMMONS License #: AR0016906

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: CHRISTIAN J. ANGLE

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

_____ Phone number: 561-659-6551

Signature (**owner or owner's legally authorized agent***): Jaime 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) JAIME TORRES-CRUZ (PROJECT 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-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 6420

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-031-2018 Date: February 21, 2018

Application Type:

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

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

I. PROJECT ADDRESS: 154 ATLANTIC AVENUE, PALM BEACH, FL. 33480

DESCRIPTION OF THE REQUEST:

DEMOLITION OF EXISTING RESIDENCE. PROPOSED NEW TWO STORY RESIDENCE. NEW POOL, HARDSCAPE & LANDSCAPE.

Number of Stories: TWO Roof Material (type): FLAT CEMENT TILE

Const. Type: CBS: X Frame: X 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):

| | | | |
|---|---|---|---|
| [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: GW PURUCKER JV

Owner's Address (if different from Subject Address): 5608 PGA BOULEVARD, PALM BEACH GARDENS, FL. 33418 Phone number: (561) 775-1170

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) Michael Perry

**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-032-2018 Date: 02.20.2018

Application Type:

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

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

I. PROJECT ADDRESS: 662 Island Drive 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.

Construction of new second floor bedrooms and bathroom within current attic space.

Number of Stories: 2 Roof Material (type): Conc. Tile

Const. Type: CBS: Yes 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):

- [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: M.P. Design and Architecture Inc. License #: AR0016639

Phone number: 561.833.7575 Email address: MPerry@MPDAInc.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Sue Walker

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

_____ Phone number: 203.249.0340

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, 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-033-2018 Date: FEBRUARY 20, 2018

Application Type:

| | | | |
|---|---|---|---|
| X | Major | | Combination* |
| | Minor | | Minor with notice |

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

I. PROJECT ADDRESS: 880 SOUTH OCEAN BLVD. PALM BEACH, FL. 33480

DESCRIPTION OF THE REQUEST:

NEW ONE STORY BEACH CABANA, NEW POOL, HARDSCAPE & LANDSCAPE

Number of Stories: ONE Roof Material (type): FLAT CEMENT TILE

Const. Type: CBS: X Frame: X Colors: Building: WHITE Roof: NATURAL GRAY

Trim: WHITE Shutters: LIGHT GRAY *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. ALEX CHESTERMAN

Owner's Address (if different from Subject Address): 880 SOUTH OCEAN BLVD. PALM BEACH, FL. 33480
Phone number: (646) 703-4875

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) ALEX CHESTERMAN

**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: A-050-2017 Date: November 10, 2017

Application Type:

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

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

I. PROJECT ADDRESS: 274 Orange Grove 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.
Remove existing covered front entry structure and front door and install new covered entry structure and front door with sidelight. **Install new gray cement tile roof**
Remove garage door and replace with new. Install decorative aluminum rail on garage roof.
Remove portion of front entrance drive and replace with new brick pedestrian walk to front door.
Install new front yard landscaping. Install new stucco trim above existing windows.
Replace portion of existing concrete drive with brick paver drive

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

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

Trim: Beige Shutters: Beige *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: **THE PANDULA ARCHITECTS, INC.** License #: **AR9015**

Phone number: **561-818-0473** Email address: **UBEGE@AOL.COM**

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: CITRUS COTTAGE LLC

Owner's Address (if different from Subject Address): 217 Mockingbird Trail

Palm Beach, 33480 Phone number: 561-863-5812

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) Kathleen Carbonara- 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-008-2018 Date: February 21, 2018

Application Type:

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

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

I. PROJECT ADDRESS: 901 North Ocean Boulevard, Palm Beach, FL 33480

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

Revisions to previously approved demolition application, under application no. B-079-2017, as to landscaping only.

Number of Stories: none Roof Material (type): none

Const. Type: CBS: _____ Frame: _____ Colors: Building: none Roof: none

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

III. DESIGN PROFESSIONAL(S):

- ☐ Architect
- ☐ Landscape Architect
- ☑ Other: attorney
- ☐ Design Consultant
- ☐ Engineer
- ☐ *Check if you are an ARCOM member and this project will result in a voting conflict for you.*

Name of Professional: Francis X. J. Lynch License #: 376167

Phone number: 561-721-4004 Email address: flynch@blesmlaw.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: See attached Exhibit A

Owner's Address (if different from Subject Address): c/o Francis X. J. Lynch, Esq.

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, Attorney

**EXHIBIT A**

SOUTH PARCEL OWNER:

PBB ISLAND PROPERTY, LLC

By: _____
CLARK BEATY
Authorized Agent
101 North Clematis Street, Suite 220
West Palm Beach, FL 33401

NORTH PARCEL OWNER:

_____
PATRICK CARNEY

_____
LILLIAN B. CARNEY

605 North Olive Avenue, 2nd Floor
West Palm Beach, FL 33401

RECEIVED
By Kelly Churney at 12:01 pm, Mar 13, 2018

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

## APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: A-009-2018 Date: 3/7/2018

Application Type:

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

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

I. PROJECT ADDRESS: 2300 Ibis Isle Road West; West 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.

Increase the size of previously approved pavilion to the rear of the property. Convert previously approved circular driveway to single entrance auto court. Adjust other hardscape areas and exiting fountains. Adjust planting layouts and species selections and proposed new vehicular gate.

Number of Stories: 1 Roof Material (type): match existing

Const. Type: CBS: n/a Frame: n/a Colors: Building: n/a Roof: n/a

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

III. DESIGN PROFESSIONAL(S):

| | | | |
|---|---|---|---|
| [X] | Architect | [ ] | Design Consultant |
| [X] | 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: Architect - Jacqueline Albarran, Architect P.A. / Landscape Architect - Mario Nievera FASLA License #: Architect - AR0011701 / Landscape Achitect - LA6666856

Phone number: Architect - 561-655-7676 / Landscape Architect - 561-659-2820 Email address: Architect - jackie@jackiealbarran.com / Landscape Architect - mario@nieverawilliams.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Robert Bushman

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

Phone number: 212-253-4881

Signature (**owner or owner's legally authorized agent***): _____ 3/12/18

*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) Rob Bushman - owner

Rev 08/2017

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

## APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: A-010-2018 Date: 03/13/2018

Application Type:

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

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

I. PROJECT ADDRESS: 304 GARDEN 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.
MODIFICATION OF EXISTING DRIVEWAY (MAINTAINING EXISTING CURB CUTS), IMPROVEMENTS TO EXISTING LANDSCAPE, RELOCATION OF GENERATOR, ADDITION OF FRONT WALKWAY FROM STREET

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

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

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

III. DESIGN PROFESSIONAL(S):

- [ ] 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: SMI LANDSCAPE ARCHITECTURE License #: LC0000023

Phone number: 561-655-9006 Email address: _____

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: PETER & JULIE CUMMINGS

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) PETER CUMMINGS - OWNER