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-14-2017 Date: 02/14/17

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

*If Town Council review required, include Zoning Application Number: VAR 3-2016

I. PROJECT ADDRESS: 1050 N Ocean Blvd, 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.

Time extension request for previously ARCOM approved demolition of an existing one story single family residence, one story guest house and pool. Construction of a new two story residence, (2) one story accessory buildings, pool landscape and hardscape.

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

CBS: Y Frame: _____ Colors – Building: White Roof: white/cedar shingle 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

Name of Professional: Roger Janssen / Dailey Janssen Architects License #: AIA 30108115

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: E. Hunter Beebe

Owner's Address (if different from Subject Address): 1050 North Ocean Blvd, Palm Beach, Florida

Phone number: 917.568.8556

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

*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 for Hunter Beebe

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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-018-2017 Date: 02-10-2017

Application Type:

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

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

I. PROJECT ADDRESS: 323 Seabreeze Avenue, Palm Beach, FL 33480

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

Demolition of existing two story home. New two story home to be approximately 3,800 square feet. Home will consist of three bedrooms, four and one half bathrooms, living room, dining room, family room, kitchen, laundry, loggia, two car garage And renovation to the existing guest house and cabana Final landscape plan to be included.

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

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

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

III. DESIGN PROFESSIONAL(S):

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

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

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Desiree Luccio

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

_____ Phone number: (310)567-8801

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

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

(printed name and title) Desiree Luccio, Owner

APPLICATION FOR ARCHITECTURAL COMMISSION REVIEW

(Please refer to attached Electronic Submission Instructions)

ARCOM CASE #: B 065-2016

1. Project Address: 320 Seabreeze Avenue, Palm Beach, FL 33480

2. Name of the Applicant: Mr. & Mrs. Gregory Fisher

   Address: 550 Haverhill Road, Bloomfield, MD 48304 Telephone#: (248) 770-8418

3. Name of Architect/Engineer: Patrick Segraves, SKA Architect + Planner

   Phone #: (561) 655-1116 Architect's e-mail address: pat@skaarchitect.com

4. Brief description of the project: (The exact wording in this section will appear on the ARCOM agenda . Please include a comprehensive summarized description of the project which describes the changes)
   Demolition of existing house and new construction of 2,800 square foot Mediterranean Revival two-story home. Home will consist of three bedrooms and two and one half baths, with living room, dining room and kitchen. Final landscape/hardscape to be included.

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

6. Number of stories: 2 Roof material (type): Clay Barrel Const. Type: CBS ? X
   Frame?: Colors: Building: Off White Roof: Clay Barrel Trim: Cast Stone Shutters: N/A
   also, please provide the above information on the cover sheet of the ARCOM plans.

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

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

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

FEES:

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

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

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

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

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

Revised 06/16/16

APPLICATION FOR ARCHITECTURAL COMMISSION REVIEW

(Please refer to attached Electronic Submission Instructions)

ARCOM CASE #: B - 066 - 2016

1. Project Address: 340 Seaview Avenue, Palm Beach, FL 33480

2. Name of the Applicant: Town of Palm Beach (Tom Bradford, Town Manager)

   Address: 340 Seaview Avenue, Palm Beach, FL 33480 Telephone#: c/o Maura Ziska at 561-802-8960

3. Name of Architect/Engineer: Architect: Stephen Boruff, AIA Architects + Planners, Inc. Landscape Architect: Nievera Williams Design

   Phone #: 561-471-8520 Architect's e-mail address: info@sba-arch.com

4. Brief description of the project: (The exact wording in this section will appear on the ARCOM agenda . Please include a comprehensive summarized description of the project which describes the changes)
   Demolition of the existing one-story recreation center, maintenance building, proshop, tennis hitting wall & backstop and the construction of a new two-story, community center & gymnasium, new maintenance building and a new tennis observation pavilion with attached tennis hitting wall & maintenance yard and associated site work including a new elevated plaza, numerous new stairs and ramps, new playground area and the renovation and expansion of on-site parking.

5. Are there any Town Council approvals necessary to complete the project? (YES) OR NO
   Please provide variance, site plan review, and/or special exception numbers: Special Exception #30-2016

6. Number of stories: 2 Roof material (type): Clay Barrel Tile Const. Type: CBS ? Yes
   Frame?: Colors: Building: Timid White Roof: Red Trim: Cast Stone Shutters: None
   also, please provide the above information on the cover sheet of the ARCOM plans.

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

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

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

FEES:

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

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

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

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

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

APPLICATION FOR ARCHITECTURAL COMMISSION REVIEW

(Please refer to attached Electronic Submission Instructions)

ARCOM CASE #: B - 078 - 2016

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

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

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

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

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

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

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

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

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

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

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

FEES:

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

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

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

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

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

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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-002-2017 Date: 12/19/16

Application Type:

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

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

I. PROJECT ADDRESS: 256 Fairview Road, Palm Beach, Florida

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

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

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

CBS: Yes Frame: _____ Colors – Building: off white Roof: gray Trim: white

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

III. DESIGN PROFESSIONAL(S):

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

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

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 256 Fairview Road, LLC

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

Boca Raton, FL 33432 Phone number: 561.789.5558

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

(printed name and title) Stephen Cohen, Authorized Agent

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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-013-2017 Date: 2/14/17

Application Type:

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

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

I. PROJECT ADDRESS: 220 INDIAN ROAD

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

ADDITION OF ENLARGED FOYER WITH NEW RAISED HIPPED ROOF WITH ROOF TILES, EAVES & BRACKETS TO MATCH EXISTING. NEW WDO'S, SHUTTERS, & FRONT DOOR @ STREET SIDE.

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

Const. Type: ~~CBS~~ CML Frame: _____ Colors: Building: _____ Roof: WHITE

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

III. DESIGN PROFESSIONAL(S):

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

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

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

IV. OWNER/AGENT INFORMATION:

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

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

X _____ Phone number: 917 697 8553

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

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

(printed name and title) X FRANCES L. FRAENKEL

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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-015-2017 Date: 02/10/2017

Application Type:

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

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

I. PROJECT ADDRESS: 1430 North Ocean Blvd

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

435 sqft guest room addition over garage

Hardscape and landscape modifications/renovations

Number of Stories: 1/2 Roof Material (type): Slate Const. Type: _____

CBS: X Frame: _____ Colors – Building: White Roof: Slate Trim: White

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

III. DESIGN PROFESSIONAL(S):

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

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

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Valerie or Greg Frost

Owner's Address (if different from Subject Address): 1438 North Ocean Blvd

Palm Beach, FL 33480 Phone number: 760-522-3100

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

*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) Valerie Frost, 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-016-2017 Date: 2/07/2017

Application Type:

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

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

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

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

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

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

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

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

III. DESIGN PROFESSIONAL(S):

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

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

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

IV. OWNER/AGENT INFORMATION:

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

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

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

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

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

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

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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-017-2017 Date: 2/13/17

Application Type:

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

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

I. PROJECT ADDRESS: 232 Via Marila

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.

Re-Approval of ARCOM #B-081-2015

Demolition of existing 1 story residence.

Proposal for new 2 story Anglo Caribbean residence with Harscape and Landscape.

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

CBS: X Frame: _____ Colors - Building: Lt. Grey Roof: Grey Trim: White

Shutters: Gun Metal (s 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: Bridges, Marsh & Assoc License #: # AR0009030

Phone number: 5610832-1533 Email address: mmm@bridgesmarsh associates.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Charles F. Willis IV Living Trust (Trustee)

Owner's Address (if different from Subject Address): 130 Sunrise Apt. #415

Palm Beach Phone number: 415-717-3314

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 F WILLIS IV

RECEIVED
By Kelly Churney at 12:31 pm, Nov 28, 2016

APPLICATION FOR ARCHITECTURAL COMMISSION REVIEW

(Please refer to attached Electronic Submission Instructions)

ARCOM CASE #: A - 055 - 2016

1. Project Address: 232 Emerald Lane

2. Name of the Applicant: Mr. & Mrs. Charles Ward

   Address: 232 Emerald Lane Telephone#: 212-287-3149

3. Name of Architect/Engineer: Mario Nievera (Keith Williams of NWD)

   Phone #: 561-659-2820 Architect's e-mail address: mario@nieverawilliams.com

4. Brief description of the project: (The exact wording in this section will appear on the ARCOM agenda . Please include a comprehensive summarized description of the project which describes the changes)
   Revisions to the garage area driveway gate, side yard pedestrian gate, front yard low site wall, moon gate detailing, entry column finials and landscape changes

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

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

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

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

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

FEES:

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

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

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

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

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

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-005-2017 Date: 3/08/2017

Application Type:

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

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

I. PROJECT ADDRESS: 1632 S. 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.

General interior renovation of existing residence, addition to existing living room at east elevation, new den space addition to existing courtyard, demolition of existing loggia, replacement of all windows and doors.

Number of Stories: 1 Roof Material (type): Flat, Low slope PVC membrane.

Const. Type: CBS: X Frame: _____ Colors: Building: Off white 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
- [ ] Landscape Architect
- [ ] Other: _____
- [ ] Design Consultant
- [ ] Engineer

Name of Professional: Carlos A. Bonilla License #: Fla. Reg. 94799

Phone number: (561) 7444900 Email address: carlos@1bta.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Maurice Pinsonnault Management, Inc.

Owner's Address (if different from Subject Address): 11370 Turtle Beach Rd. (#1), Ocean House #3

North Palm Beach, FL Phone number: (561)775-6969

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

*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) Maurice Pinsonnault / 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-006-2017 Date: 3/2/17

Application Type:

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

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

I. PROJECT ADDRESS: 329 WORTH AVE.

II. DESCRIPTION OF THE REQUEST: The exact wording in this section will appear on the ARCOM Agenda. Please include a comprehensive summarized description of the proposed project.
PAINT WINDOW FRAMES, REPLACE VIA FLOORING, REPLACE VIA CEILING, ADD CAST STONE BASE, ADD CAST STONE SILLS, RESTUCCO WALLS TO SMOOTH TEXTURE, REPLACE VIA LIGHTING

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

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

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

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: DAVID LAWRENCE License #: AR16260

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

IV. OWNER/AGENT INFORMATION:

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

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

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

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

(printed name and title) STUART DOPPELT - PRESIDENT

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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: A-007-2017 Date: 03/03/2017

Application Type:

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

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

I. PROJECT ADDRESS: 40 Middle Road

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

Minor landscape changes to the approved plan

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

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

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

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: Mario Nievera License #: LC26000557

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Ellen Cunningham

Owner's Address (if different from Subject Address): 40 Middle Road, Palm Beach Florida 33480 Phone number: 561-236-0522

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

*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) Ellen Cunningham

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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: A-008-2017 Date: 03/02/2017

Application Type:

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

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

I. PROJECT ADDRESS: 146 Gulfstream Road

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

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

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

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

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

III. DESIGN PROFESSIONAL(S):

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

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

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Carlos Arredondo

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

Phone number: (561) 386-6481

Signature (**owner or owner's legally authorized agent***): Carlos A. Arredondo

*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) CARLOS A. ARREDONDO, OWNER

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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: A-009-2017 Date: 3-8-17

Application Type:

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

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

I. PROJECT ADDRESS: 1333 N. Lake 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.

THIS APPLICATION REFLECTS REVISIONS TO THE PREVIOUSLY APPROVED ARCOM SUBMITTAL. THE FOLLOWING CHANGES ARE PROPOSED: REDUCTION OF POOL DECK, REMOVAL OF LIVING MACHINE, REVISED INTERIOR PLANTINGS.

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

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

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

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: Dustin Mizell - Environment Design Group License #: RLA #6666784

Phone number: 561-832-4600 Email address: Dustin@environmentdesigngroup.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Douglas+ Susanne Durst 2012 Family Trust

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

_____ Phone number: 561 863 7715

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) Susanne Durst Self employed

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-010-2017 Date: March 08, 2017

Application Type:

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

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

I. PROJECT ADDRESS: 135 Seminole Ave.

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

Reroof existing 2story residence and detached garage with Clay barrel s tile to match existing.

Number of Stories: 2 Roof Material (type): Clay S Tile

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

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

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: David Miller License #: AR-9417

Phone number: 561-833-0164 Email address: dma@davidmillerarchitect.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Leslie Robert Evans

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

Phone number: 561-832-8288

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) Leslie Robert Evans