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-020-2018 Date: January 23, 2018

Application Type:

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

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

I. PROJECT ADDRESS: 303 Arabian Road, Palm Beach, FL 33480

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

Demolition of existing 2-story residence, garage, accessory structures, pool, landscape and hardscape.

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

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

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

III. DESIGN PROFESSIONAL(S):

- [ ] Architect
- [ ] Landscape Architect
- [x] 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: M. Timothy Hanlon License #: _____

Phone number: 561-659-1770 Email address: tim.hanlon@amrl.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Steven L. Apple, as Trustee of the Steven L. Apple T/U/A dated 11/21/2011

Owner's Address (if different from Subject Address): c/o M. Timothy Hanlon, Alley, Maass, Rogers & Lindsay, P.A., 340 Royal Poinciana Way, Suite 321, Palm Beach, FL 33480 Phone number: 561-659-1770

Signature (**owner or owner's legally authorized agent***): M. Timothy Hanlon

*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. Timothy Hanlon, Authorized Representative

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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-021-2018 Date: January 23, 2018

Application Type:

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

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

I. PROJECT ADDRESS: 346 Seaspray 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 2-story residence, pool, landscape and hardscape.

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

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

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

III. DESIGN PROFESSIONAL(S):

- [ ] Architect
- [ ] Landscape Architect
- [x] 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: M. Timothy Hanlon License #: _____

Phone number: 561-659-1770 Email address: tim.hanlon@amrl.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 346 Seaspray, LLC, a Florida limited liability company

Owner's Address (if different from Subject Address): c/o M. Timothy Hanlon, Alley, Maass, Rogers & Lindsay, P.A., 340 Royal Poinciana Way, Suite 321, Palm Beach, FL 33480 Phone number: 561-659-1770

Signature (**owner or owner's legally authorized agent***): M. Timothy Hanlon

*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. Timothy Hanlon, Authorized Representative

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-006-2017 Date: May 16, 2017

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

*If Town Council review required, include Zoning Application Number: VAR21-2017

I. PROJECT ADDRESS: 218 MIRAFLORES 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.

PARTIAL SECOND FLOOR ADDITION TO AN EXISTING ONE STORY SINGLE FAMILY RESIDENCE

Number of Stories: 2 Roof Material (type): CONCRETE FLAT TILE Const. Type: CBS

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

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

Name of Professional: GREGORY BONNER-B1 ARCHITECTS License #: AR96096

Phone number: 561-312-3453 Email address: GREGORY@B1ARCHITECT.COM

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: VERA ALFIERI MONFORTE

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

_____ Phone number: _____

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

Rev 11/2016

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***): Mauro 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

RECEIVED
By Kelly Churney at 3:45 pm, Feb 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: 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

RECEIVED

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-087-2017 Date: August 9, 2017

Application Type:

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

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

I. PROJECT ADDRESS: 377 North 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.

Demolition and new construction of two story British Colonial style home to be approximately 7,500 square feet. Home will consist of five bedrooms, seven bathrooms, powder room, living room, dining room, kitchen, butlers pantry, family room, laundry room, wine bar, loggia, and two car garage. Final landscape and hardscape to be provided.

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

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

Trim: Trim 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 #: AR0010181

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Alan Shulman

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

Phone number: (561)379-8774

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 Shulman, 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: 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-099-2017 Date: November 8, 2017

Application Type:

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

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

I. PROJECT ADDRESS: 1565 North Ocean Way and 1695 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.

See attached Description

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

Const. Type: CBS: x Frame: _____ Colors: Building: light off white Roof: deep red

Trim: white wood Shutters: no new 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: Scott C. Heynen, RLA, LOMBARDI DESIGN License #: LA6666848

Phone number: 561-660-0164 Email address: sheynen@lombardidesign.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 1565 Property Associates, LLC

Owner's Address (if different from Subject Address): Steven Siegelaub, Esq., Berkowitz, Trager & Trager, LLC
8 Wright Street, Westport, CT 06880 Phone number: 203-291-8223

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 M. Crowley, Attorney for 1565 Property Associates, LLC (561) 650-0652

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-103-2017 Date: October 26, 2017

Application Type:

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

*If Town Council review required, include Zoning Application Number: Z-17-00052

I. PROJECT ADDRESS: 280 Orange Grove 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.

Renovation of existing one-story home. Addition of 460 square feet, for a total of 3,200 square feet. Change to Island Style home, raising floor elevation, and replacing roof. Final hardscape and landscape to be included.

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

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

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

III. DESIGN PROFESSIONAL(S):

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

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

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Gustav & Susan Carlson

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

Phone number: (203) 979-5140

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

*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) Gustav & Susan Carlson, 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-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-107-2017 Date: December 12, 2017

Application Type:

☐ Major ☑ Combination*
☐ Minor ☐ Minor with notice

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

I. PROJECT ADDRESS: 230 + 240 Royal Palm 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.

Install new awning frames and vinyl awnings to create covered parking spaces in parking lot shared by 230 and 240 Royal Palm Way

Number of Stories: n/a Roof Material (type): n/a

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

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

III. DESIGN PROFESSIONAL(S):

☑ Architect ☐ Landscape Architect ☐ Other: _____

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

Name of Professional: Keith Spina License #: 13419

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: JHD Associates LLC

Owner's Address (if different from Subject Address): 230 Royal Palm Way #200

Palm Beach, FL 33480 Phone number: 212-546-0865

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) Yvonne Jones, Managing Agent for JHD Associates LLC

TOWN OF PALM BEACH
Planning, Zoning & Building Department
360 S. County Rd. Palm Beach, FL 3348

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: ARCOM B-009-2018 Date: DECEMBER 18, 2017

Application Type:

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

*If Town Council review required, include Zoning Application Number: Z-17-00063

I. PROJECT ADDRESS: 201 SANFORD 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 RESIDENCE. NEW TWO-STORY RESIDENCE WITH POOL, HARDSCAPE & LANDSCAPE.

Number of Stories: 2 Roof Material (type): FLAT CEMENT TILE

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

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

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: MP DESIGN & ARCHITECTURE License #: AA26001667

Phone number: 561-833-7575 Email address: MPERRY@MPDAINC.COM

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 201 Sanford Avenue SC LLC

Owner's Address (if different from Subject Address): 12408 Hautree Court

Palm Beach Gardens FL 33418

Phone number: _____

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-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-013-2018 Date: January 8, 2018

Application Type:

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

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

I. PROJECT ADDRESS: 209 Sandpiper 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.

Demolition of an existing one story residence and Construction of a new one story residence in the Georgian Revival Style.

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

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

Trim: white Shutters: grey *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: Stephen Roy License #: AR-91404

Phone number: 561-659-5683 Email address: smroy@royposey.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: MALCOLM MCCLUSKEY

Owner's Address (if different from Subject Address): 1191 NORTHLAKE WAY

Phone number: 561-569-5683

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) MALCOLM MCCLUSKEY PRINCIPAL

RECEIVED
By Kelly Churney at 3:30 pm, Feb 15, 2018

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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-014-2018 Date: 1-23-18

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

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

I. PROJECT ADDRESS: 250 COUNTRY CLUB 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.
THE DEMOLITION OF A 1951 ONE STORY RANCH STYLE HOUSE & THE CONSTRUCTION OF A NEW 1 & 2 STORY GEORGIAN STYLE HOUSE.

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

Const. Type: CBS: ✓ Frame: _____ Colors: Building: SIMPLY WHITE Roof: BARRAMUNDI (GREY)

Trim: DOMINICAN SHELL STONE Shutters: POLO 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: STUDIO SR, INC License #: AA26003104

Phone number: 561.659.3616 Email address: rr@std-sr.com rs@std-sr.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: LAUREN SCHEIDER, JEREMY SCHNEIDER, ANTHONY RIZZO

Owner's Address (if different from Subject Address): 11573 S BREEZE PL.

WELLINGTON, FL 33449-8379 Phone number: _____

Signature (**owner or owner's legally authorized agent***: Lauren Scheider Jeremy Schneider Anthony Rizzo
*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) Lauren Schneider, Jeremy Schneider, Anthony Rizzo

Rev 08/2017

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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-015-2018 Date: 01.19.2018

Application Type:

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

*If Town Council review required, include Zoning Application Number: Z-18-00069

I. PROJECT ADDRESS: 425 WORTH AVENUE PH-C

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.

58 SF OF UTILITY ROOM EXPANSION INTO EXISTING TERRACE, WITH ADDITION OF NEW DECORATIVE TRELLIS/PERGOLA ON EXISTING TERRACE.

Number of Stories: 2 Roof Material (type): N/A Const. Type: V

CBS: ✓ Frame: ✓ Colors – Building: EXIST. Roof: EXIST Trim: WHITE EXIST.

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: Mack Marsh License #: 0009030

Phone number: 561 932 1533 Email address: MMM@BRIDGESMARSHARCHITECTS.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Peter Van Ingen (contract purchaser)

Owner's Address (if different from Subject Address): c/o Bridges Marsh 18 Via Mizner Palm Beach, FL 33480 Phone number: 561 832-1533

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 signor 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-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-018-2018 Date: 01/16/2018

Application Type:

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

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

I. PROJECT ADDRESS: 141 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.

New Driveway Gate and associated landscape/hardscape changes

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: Gayle and Tim DeVries

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

_____ Phone number: 612-850-4427

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) Gayle DeVries

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

Application Type:

- [ ] Major
- [x] 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):

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

Name of Professional: ACI, Inc. Roger Hansrote License #: 14300

Phone number: 561-655-0674 Email address: roger@aci-architectural.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 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-003-2018 Date: 1/8/2018

Application Type:

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

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

I. PROJECT ADDRESS: 420 Brazilian Ave

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

Miscellaneous changes to previously approved design

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

Const. Type: CBS: _____ Frame: Wood Colors: Building: White Roof: Terra Cotta

Trim: none Shutters: Sea Foam *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. Mark Marsh License #: AR0009030

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Ronald S & Eleanor Gross

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) M. Mark Marsh

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-004-2018 Date: 2/9/2018

Application Type:

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

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

I. PROJECT ADDRESS: 1 South County Road, Palm Beach 33480

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

Exterior restoration of an existing 2-story cottage; new exterior trim paint, color to match exist; new front door; new 1-story infill at rear of building w/ new window; new window at existing 2nd floor balcony door location; new masonry rear steps and new exterior lighting.

Number of Stories: 2 Roof Material (type): Asphalt (exist to remain)

Const. Type: CBS: _____ Frame: Wood Colors: Building: BM- 63401Aura White Roof: Asphalt

Trim: BM-63401Aura 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
- ☐ *Check if you are an ARCOM member and this project will result in a voting conflict for you.*

Name of Professional: Michael Waters License #: AR99204

Phone number: 617-300-0015 Email address: mwaters@lda-architects.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: The Breakers Palm Beach, Inc

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

_____ Phone number: 561-659-8426

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 Gilmurray, Executive Vice President and Chief Financial Officer

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-006-2018 Date: 08 February 2018

Application Type:

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

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

I. PROJECT ADDRESS: 125 Chateaux Drive, 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.

A clear glass railing with white aluminum top and bottom rails is to be added at an existing second floor terrace, where there currently is no railing.

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

Const. Type: CBS: X Frame: _____ Colors: Building: white 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
- [ ] 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: William H. Langford License #: AR12107

Phone number: 561 832 0009 Email address: jcolmarch@aol.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Daniel and Beverly Floersheimer

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

Phone number: 561 660 6616

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) DANIEL FLOERSHEIMER

RECEIVED
By Kelly Churney at 10:25 am, Feb 05, 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-007-2017 Date: February 28, 2018

Application Type:

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

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

I. PROJECT ADDRESS: 241 Mockingbird Trail 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.

Replacement of 3 existing windows, size for size. Replacement windows are hurricane rated.

Proposed windows to keep the configuration of the existing mullions but eliminate mutins

Number of Stories: 1 Roof Material (type): N/A

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: MHK Architecture & Planning License #: AR 16971

Phone number: 561-401-1866 Email address: cforrest@mhkap.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Mr & Mrs Scott Johnson

Owner's Address (if different from Subject Address): 241 Mockingbird Trail Palm Beach 33480

Phone number: 561-371-1139

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) Scott A. Johnson Owner