



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

ARCOM CASE #: **B - 059- 2016**

1. Project Address: 221 Oleander Avenue Palm Beach FL 33480
2. Name of the Applicant: Barnacle PB LLC
Address: 221 Oleander Avenue Palm Beach FL 33480 Telephone#: _____
3. Name of Architect/Engineer: Michael J. Johnson Architect, P.A.
Phone #: 561 746-6564 Architect's e-mail address: mjjarchitect@aol.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 2 story building and construction of a new 2-story single family residence.
New hardscape and landscape.
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: VAR 25-2016
6. Number of stories: 2 Roof material (type): Concrete tile Const. Type: CBS ?
Frame?: _____ Colors: Building: White Roof: Gray Trim: White Shutters: Light Gray
also, please provide the above information on the cover sheet of the ARCOM plans.
7. Signature: (owner or owner's legally authorized agent*): Maura Zora Manager
*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-004-2016

1. **Project Address:** 316 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 #: (361) 655-1116 **Architect's e-mail address:** pat@skaarchoitect.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: SE 70-2016
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*):** Gregory Fisher
*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

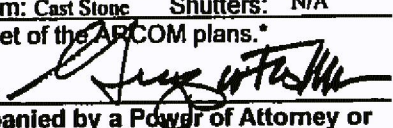
The Architect and/or Landscape Architect is advised that he/she will be responsible for acknowledging, prior to the issuance of a Certificate-of-Occupancy, that the as-built design matches the original ARCOM approved design, with the exception of other ARCOM or staff approvals.

Revised 06/16/16



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

ARCOM CASE #: B 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

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Revised 06/16/16



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

ARCOM CASE #: B - 066 - 2016

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

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

Phone #: 561-471-8520 **Architect's e-mail address:** info@sba-arch.com
4. **Brief description of the project:** (The exact wording in this section will appear on the ARCOM agenda. Please include a comprehensive summarized description of the project which describes the changes)
Demolition of the existing one-story recreation center, maintenance building, proshop, tennis hitting wall & backstop and the construction of a new two-story, community center & gymnasium, new maintenance building and a new tennis observation pavilion with attached tennis hitting wall & maintenance yard and associated site work including a new elevated plaza, numerous new stairs and ramps, new playground area and the renovation and expansion of on-site parking.
5. **Are there any Town Council approvals necessary to complete the project?** YES OR NO
Please provide variance, site plan review, and/or special exception numbers: Special Exception #30-2016
6. **Number of stories:** 2 **Roof material (type):** Clay Barrel Tile **Const. Type:** CBS ? Yes
Frame?: Colors: Building: Timid White Roof: Red Trim: Cast Stone Shutters: None
also, please provide the above information on the cover sheet of the ARCOM plans.
7. **Signature: (owner or owner's legally authorized agent*):** Thomas B. Bradford
*If signed by a legally authorized agent, must be accompanied by a Power of Attorney or statement from property owner authorizing the signer to sign on owner's behalf.

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

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

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

SUBMISSION DEADLINES: (Please refer to attached electronic submission instructions)

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

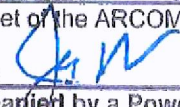
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Revised 06/16/16



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

ARCOM CASE #: B - 070 - 2016

1. Project Address: 266 Fairview Road, Palm Beach, FL 33480
2. Name of the Applicant: Beacon 266 LLC
1400 Gulf Shore Blvd N #106
Address: Naples, FL 34102 Telephone#: (239) 261-4000
3. Name of Architect/Engineer: MHK Architecture & Planning & Lang Design Group
(239)
Phone #: 250-9915 Architect's e-mail address: mkragh@mhkap.com / mmclean@mhkap.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)
Construction of a new two story single-family residence with pool, spa, hardscape and landscape
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: Certi-Sawn
6. Number of stories: 2 Roof material (type): Taperswan Shake Const. Type: CBS ? yes
Frame?: no Colors: Building: white Roof: Cedar Trim: white 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)
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Revised 06/16/16



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

ARCOM CASE #: B - 076- 2016

1. **Project Address:** 319 SEASPRAY AVE.
2. **Name of the Applicant:** ROBERT H. TOOHEY
Address: P.O. BOX 581 NEW VERNON NJ 07976 **Telephone#:** 913-747-5368
3. **Name of Architect/Engineer:** M. MARK MARSH
Phone #: 5610832-1533 **Architect's e-mail address:** mmm@BRIDGESMARSHARCHITECTS.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)
NEW TWO STORY RESIDENCE, POOL CABANA, POOL AND ASSOCIATED LANDSCAPE/HARDSCAPE IMPROVEMENTS
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: SE-1-2017
6. **Number of stories:** 2 **Roof material (type):** FLAT TILE **Const. Type:** CBS
Frame?: Colors: Building DISTANT **Roof:** SLATE **Trim:** WHITE **Shutters:** NORMANDY
also, please provide the above information on the cover sheet of the ARCOM plans.
GRAY GRAY
7. **Signature: (owner or owner's legally authorized agent*):** M. Mark Marsh, Atty
*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

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Revised 06/16/16



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)

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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:

☒

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):

☒
☐
☐

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

(printed name and title) Stephen Cohen, Authorized Agent



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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-007-2017 Date: 12/20/17

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

*If Town Council review required, include Zoning Application Number: 6-2017

- I. PROJECT ADDRESS: 82 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.

Renovation of existing two story home including 2 small infill additions and one open covered car port addition. Existing hardscape and landscape to be renovated.

Number of Stories: 2 Roof Material (type): Flat Tile Const. Type: _____
CBS: Y Frame: _____ Colors - Building: Gray Roof: White Trim: White

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

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: M Mark Marsh License #: AR9030
Phone number: 561-832-1533 Email address: mmm@bridgesmarsharchitects.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Ms. Charlotte Beers
Owner's Address (if different from Subject Address): 91 East Bay
Charleston, SC 29401 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)

Maura Zilva, 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-008-2017

Date: 12-16-2016

Application Type:

☒

Major
Minor

☒

Combination*
Minor with notice

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

I. PROJECT ADDRESS: 235 Via Vizcaya, Palm Beach, FL 33480

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

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

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

III. DESIGN PROFESSIONAL(S):

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☐
☐

Architect
Landscape Architect
Other: _____

☐
☐

Design Consultant
Engineer

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

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

IV. OWNER/AGENT INFORMATION:

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

Owner's Address (if different from Subject Address): 235 Via Vizcaya, Palm Beach, FL 33480

Phone number: 561 655-1116

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

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

(printed name and title) _____



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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

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

Application Type:

☒

Major
Minor

☒

Combination*
Minor with notice

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

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

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

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

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

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

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

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

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

III. DESIGN PROFESSIONAL(S):

☒

Architect
Landscape Architect
Other:

☐

Design Consultant
Engineer

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

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: JDC Florida Properties, LLC

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

Phone number: 561 655-1116

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

(printed name and title)



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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-010-2017

Date: DEC 21, 2016

Application Type:



Major
Minor



Combination*
Minor with notice

*If Town Council review required, include Zoning Application Number: NOT REQUIRED

I. PROJECT ADDRESS: 261 EL DORADO 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.

INTERIOR RENOVATIONS, NEW WINDOWS AND EXTERIOR DOORS,
REMOVAL OF EXISTING ENTRY PORCH, CHANGES TO SOUTH/
ENTRY ELEVATION, OTHER MINOR ELEVATION CHANGES, PARTIAL
NEW ROOF, AND CHANGES TO LANDSCAPE HARDSCAPE.

Number of Stories: 1 Roof Material (type): FLAT CONC. TILE Const. Type: CBS

CBS: ✓ Frame: X 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):



Architect
Landscape Architect
Other: _____



Design Consultant
Engineer

Name of Professional: RICHARD F. SAMMONS License #: AR0016906

Phone number: 561-805-8591 Email address: RSAMMONS@FAIRFAX
AND SAMMONS.COM

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: CHARLES RUGER

Owner's Address (if different from Subject Address): 800 FIFTH AVENUE

NEW YORK, NY 10065 Phone number: 917-861-3470

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



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: P-011-2017 Date: December 23, 2016

Application Type:

☐ Major
☐ Minor ☒ Combination*
☐ Minor with notice

*If Town Council review required include Zoning Application Number: V-05-2017

PROJECT ADDRESS: 1090 North Ocean Boulevard

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

Additions and Renovations to Existing Two Story House to Include New Hardscape Landscaping and Pool. First floor addition of 148 square feet and second floor addition of 832 square feet.

Number of Stories: 2 Roof Material (type): Flat Cement Tile Const. Type:

CBS: x Frame: Colors - Building: White Roof: White Trim: Cast Stone

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

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

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

Name of Professional: MP Design & Architecture License #: AA-26001667 / AR-0016639

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

- IV. **OWNER/AGENT INFORMATION:**

Property Owner's Name: Mrs Ann Desruisseaux

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

Phone number: (214)264-1826

Signature (owner or owner's legally authorized agent*): _____
*If signed by "legally authorized agent" accompanied by a Power of Attorney stating the principal authorizing the signer to sign on the owner's behalf

(printed name and title)

Ann Desruisseaux



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-012-2017 Date: 1/18/17

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

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

- I. PROJECT ADDRESS: 168 E. Inlet 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.

Front entry breezeway and courtyard addition with revised landscape and pedestrian entry gate, and pilasters with decorative lanterns. Additionally, home will be renovated inside and out and include a rear lanai enclosure

Number of Stories: 1 Roof Material (type): Cement tile
Const. Type: CBS: ☒ Frame: _____ Colors: Building: White Roof: Natural Grey
Trim: White Shutters: GREY BLUE *this information to be included on the cover sheet of the ARCOM plans
Awning type Gates at breezeway and pedestrian entrance in manual Rustic Grey

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: Robert Acree License #: AR 92436

Phone number: 561 517 2169 Email address: bob@acreedesignconsulting.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Mitch and Vicky Evans

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

Phone number: _____

Signature (owner or owner's legally authorized agent*): Vicky Evans
*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. Victoria S Evans Victoria S Evans

(printed name and title) Vicky Evans, Mitchell R. Evans



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*): [Signature]
*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 #: A-003-2017

1. Project Address: 686 ISLAND DRIVE
 2. Name of the Applicant: ROBERT F. GREENHILL
Address: 686 ISLAND DR. Telephone#: 561-281-7529
 3. Name of Architect/Engineer: YPA DESIGN, INC.
Phone #: 561-493-1500 Architect's e-mail address: MPOLKA@YPAINC.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)
EXTERIOR WINDOW & DOOR REPLACEMENT
 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): FLAT CONC. TILE Const. Type: CBS ? YES
Frame?: NO Colors: Building: YELLOW Roof: WHITE Trim: WHITE Shutters: YES, WHITE
also, please provide the above information on the cover sheet of the ARCOM plans.
 7. Signature: Robert F. Greenhill
*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

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Revised 06 16 16