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-006-2018 Date: 12/13/2017

Application Type:

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

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

I. PROJECT ADDRESS: 259 Pendleton 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 house, patios, and driveway. Existing perimeter landscaping remains. New irrigated lawn as per code.

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):

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

Name of Professional: Jacqueline Albarran, Architect P.A. License #: AR0011701

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Llewellyn Legacy LLC (Elizabeth Tilney)

Owner's Address (if different from Subject Address): 5922 Shady River Dr. Houston TX 77057

Phone number: 713-783-2287

Signature (**owner or owner's legally authorized agent***): Elizabeth A. Tilney

*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) Elizabeth A. Tilney, 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-101-2017 Date: 11/07/17

Application Type:

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

*If Town Council review required, include Zoning Application Number: Z-17-00049

I. PROJECT ADDRESS: 1090 North Ocean Boulevard

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

Addition of new loggia at west side of previously ARCOM approved residence on January 25th, 2017 ARCOM meeting.

Updated and revised pool, landscape and hardscape layout

Number of Stories: 2 Roof Material (type): 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
- ☑ 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: MP Design & Architecture License #: AA26001667 - AR0016639

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***): Maura Ziska, Attorney

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

(printed name and title) Maura Ziska, Attorney

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***): Maura Zorna, Attorney

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

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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-070-2017 Date: June 27, 2017

Application Type:

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

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

I. PROJECT ADDRESS: 225 Tangier Avenue, Palm Beach, FL 33480

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

1) Demolition of an existing residence constructed in 1958

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

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

Const. Type: CBS: Yes Frame: No Colors: Building: White Roof: White

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

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: Affiniti Architects License #: AA0002340

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: ILLKM PB LLC

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

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

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

(printed name and title) Jeffrey M. Weiner Member

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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-081-2017 231 Seaspray Ave Date: 08/16/17

Application Type:

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

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

I. PROJECT ADDRESS: 231 Seaspray Avenue

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

Add Old growth pecky cypress gates and aluminum rail fencing and minor landscaping

Add Old growth pecky cypress gates and aluminum rail fencing and minor landscaping
Add Old growth pecky cypress gates and aluminum rail fencing and minor landscaping
Add Old growth pecky cypress gates and aluminum rail fencing and minor landscaping

Number of Stories: 2 Roof Material (type): Terra Cotta

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

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

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: Todd MacLean/ M. Phillips License #: LA-0001540

Phone number: 561-310-2333 Email address: todd.maclean@yahoo.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Andre' Trouille'

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

_____ Phone number: 800-256-2733

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) Todd MacLean, Designer

RECEIVED
By Kelly Churney at 3:16 pm, Oct 25, 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-082-2017 Date: November 10, 2017

Application Type:

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

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

I. PROJECT ADDRESS: 535 North County Road, Palm Beach, FL 33480

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

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

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

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

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

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: Boyle Architecture PLLC License #: AA26003305

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: 535 North County Road LLC

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

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

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

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

(printed name and title) Holly G. Gershon, Attorney

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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-007-2017 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

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

B-097-2017 S. Ocean Blvd

Application Number: _____ 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-098-2017 Date: October 20, 2017

Application Type:

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

*If Town Council review required, include Zoning Application Number: Z-17-00047

I. PROJECT ADDRESS: 224 South Ocean Boulevard, Palm Beach, FL 33480

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

Proposed work includes three new dormers in the existing roof on the east facade of the home

New roofing on dormers to match existing wood shingle roofing.

Number of Stories: 3 Roof Material (type): Existing wood shingles to remain

Const. Type: CBS: _____ Frame: Existing wood frame Colors: Building: White Roof: Existing Natural Wood

Trim: White Shutters: Not Applicable *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: Jose A. Gonzalez, Gonzalez Architects License #: 8134

Phone number: (305) 455-4216 Email address: jose@gonzalez-architects.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Armen Manoogian

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

Phone number: (703)969-4296

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) Jose A. Gonzalez, Principal, Gonzalez Architects, 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-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-100-2017 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: 880 SOUTH OCEAN BLVD. PALM BEACH, FL. 33480

DESCRIPTION OF THE REQUEST:

RENOVATION OF EXISTING 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: LIGHT GRAY *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: MR. & MRS. ALEX CHESTERMAN

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

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

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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-102-2017 Date: October 26, 2017

Application Type:

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

*If Town Council review required, include Zoning Application Number: Z-17-00051

I. PROJECT ADDRESS: 266 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.

Demolition and new construction of one story British Colonial style home to be approximately 2,900 square feet with 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):

- ☑ 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 @skarchitect.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Michael Steranka

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

Phone number: (301) 502-7464

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

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

(printed name and title) Michael Steranka, 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-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-001-2018 Date: 12/20/17

Application Type:

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

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

I. PROJECT ADDRESS: 1214 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.

105 SF addition at south side of existing residence.

Fenestration change and new ipe window shutters on east elevation

All finishes to match existing

Number of Stories: 2 Roof Material (type): Wood Shigle

Const. Type: CBS: X Frame: _____ Colors: Building: White Roof: Wood Shingle

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

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: MP Design & Architecture License #: AA26001667 - AR0016639

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Mr. & Mrs. John Sculley (Contract Purchaser)

Owner's Address (if different from Subject Address): 127 Reef Rd.

Palm Beach, FL 33480 Phone number: 561.719.3891

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) JOHN SCULLEY

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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: 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

RECEIVED
By Kelly Churney at 11:07 am, Dec 18, 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-004-2018 Date: 12/15/17

Application Type:

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

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

I. PROJECT ADDRESS: Parcel"D"/101 El Bravo Way, 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.

See Attached.

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

Const. Type: CBS: XX Frame: _____ Colors: Building: to match e Roof: NA

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

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: Manuel Angles NCARB,AIA,LEED A License #: 9238

Phone number: 305-554-1809 Email address: mangles@maarchdesigns.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Thomas & Mary Alice O'Malley

Owner's Address (if different from Subject Address): 222 Lakeview Ave. Suite 1510 W.P.B 33401

Phone number: 561 899-4343

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) Manuel Angles NCARB, AIA, LEED AP

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-005-2018 Date: 12/20/17

Application Type:

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

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

I. PROJECT ADDRESS: 1265 S. Ocean Blvd. and 10 Blossom 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.
Demolition of the residence at 10 Blossom Way and modifications to previously approved site plan development. Reference previous ARCOM B-060-2017

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

Const. Type: CBS: X Frame: _____ Colors: Building: Limestone Roof: Limestone and painted F.R.P.

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: Smith Architectural Group and Atelier UGO SAP License #: AR-9772

Phone number: 561-832-0202 Email address: jeff@smitharchitecturalgroup.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Blossom Way Holdings LLC and M/M Roger Hertog

Owner's Address (if different from Subject Address): (for B.W.H. LLC) 131 S. Dearborn St. Chicago, IL 60603 Phone number: 312-395-2685

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

RECEIVED
By Kelly Cherney at 9:00 am, Jan 02, 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-007-2018 Date: 12/14/2017

Application Type:

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

*If Town Council review required, include Zoning Application Number: Z-17-00059

I. PROJECT ADDRESS: 160 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 main house, patios, and driveways (existing two story garage/ guest house and pool to remain). Existing perimeter landscaping remains. New irrigated lawn as per code. New two story neoclassical style house, rework existing guest house parapet to match new main 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: black *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

Name of Professional: Jacqueline Albarran, Architect P.A. License #: AR0011701

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Jason Regalbuto

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

Phone number: 561.309.8993

Signature (**owner or owner's legally authorized agent***): J. Regalbuto

*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) Jason Regalbuto, owner

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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: B-008-2018 Date: January 24, 2018

Application Type:

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

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

I. PROJECT ADDRESS: 232 Seabreeze Ave. Palm Beach, FL.

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

Demolition of existing 2 story single family dwelling, 2 story garage, storage shed, and pool.
New construction of 2 story single family contemporary home with concrete tile &
standing seam zinc coated copper roof, new pool, site walls, and landscaping.

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

Const. Type: CBS: yes Frame: _____ Colors: Building: White Roof: Grey

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

III. DESIGN PROFESSIONAL(S):

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

Name of Professional: Jeremy K. Walter, AIA. License #: AR-15125

Phone number: 561.379.2610 Email address: jwalter@jkwalterarchitects.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Jim & Robin Carey

Owner's Address (if different from Subject Address): 9 Normandy Dr. Riverside, CT. 06878

Phone number: 203.243.5802

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

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

(printed name and title) James Carey, Owner

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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

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

Application Type:

- [ ] Major
- [ ] Minor
- [x] Combination*
- [ ] 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
- [ ] Landscape Architect
- [ ] Design Consultant
- [ ] 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-010-2018 Date: DEC 15 2017

Application Type:

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

*If Town Council review required, include Zoning Application Number: Z-17-00062

I. PROJECT ADDRESS: 198 VIA MARINA, 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.

THE REPLACEMENT OF THREE GLAZED WALLS AND FRENCH DOORS ON A POOL CABANA TO BE REPLACED IN KIND ON TWO WALLS AND IN-FILLED ON ONE WALL.

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

Const. Type: CBS: ______ Frame: X Colors: Building: PEACH STUCCO Roof: WHITE TILE

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

Name of Professional: GERARD BEEKMAN License #: AR95819

Phone number (561) 833-3242 Email address: gbeekman@gramatancorp.co

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: MR. & MRS. SOTER

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

______ Phone number: (561) 832-8150

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) Maura Ziska, Attorney

Rev 08/2017

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

APPLICATION FOR PROJECT REVIEW BY THE ARCHITECTURAL REVIEW COMMISSION

Application Number: A-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-051-2017 Date: January 04, 2018

Application Type:

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

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

I. PROJECT ADDRESS: 3100 South Ocean Boulevard, 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.

Replace Social Room and Entrance Lobby windows with impact windows with modification to muntin pattern.

(typical to both North and South Towers)

Number of Stories: 08 Roof Material (type): flat

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

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

III. DESIGN PROFESSIONAL(S):

- [ ] Architect
- [ ] Landscape Architect
- [x] 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: Jerome I. Baumoehl, AIA, NCARB License #: AR0014743

Phone number: (561) 653-8081 Email address: jerome@jeromebaumoehlarchitect.com

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Palm Beach Hampton Condominium Association

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

Richard Engisty, Pres. Phone number: (561) 791-2468

Signature (**owner or owner's legally authorized agent***): Lawrence B. Zubik

*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) Lawrence G. Zubik

Rev 0[illegible]/2017

KYLEE DUDDING
MY COMMISSION # GG 128114
EXPIRES: July 25, 2021
Bonded Thru Notary Public Underwriters

Kylee Dudding

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-001-2018 Date: 01-06-18

Application Type:

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

*If Town Council review required, include Zoning Application Number: Z-17-00055

I. PROJECT ADDRESS: 2 South County 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 to the existing golf training building to incorporate the design materials of the nearby golf clubhouse and the project includes the replacement of an existing free-standing bathroom building by hole #6 with new. The existing is old and outdated.

Number of Stories: (1) Roof Material (type): Entegra, Bermuda Rustic Shake Concrete Tile

Const. Type: CBS: Yes Frame: n/a Colors: Building: Dijon Yellow Roof: slate with Antique Black

Trim: Super White Shutters: Super White *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: Steve Pollio/ Peacock & Lewis Architects License #: AR0014281

Phone number: 561-626-9704 Email address: steve@peacockandlewis.com

IV. OWNER/AGENT INFORMATION:

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

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

One South County Road Phone number: 561-659-8466

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) Alex Gilmurray, 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-002-2018 Date: 1-5-18

Application Type:

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

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

I. PROJECT ADDRESS: 318 Caribbean 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.

Approval request: Bay window East Elevation- omit louvers,

Large picture windows - omit muntins, add louvers to the East Dining Room Windows

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

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

Trim: white Shutters: white *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: Stephen Roy License #: AR91404

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

IV. OWNER/AGENT INFORMATION:

Property Owner's Name: Lillian Fernandez

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

_____ Phone number: 561-659-5683

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) Lillian Fernandez

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: 561.531.8511

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) Ronald S. Gross, 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-005-2018 Date: January 9, 2018

Application Type:

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

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

I. PROJECT ADDRESS: 671 ISLAND DRIVE, PALM BEACH, FL. 33480

DESCRIPTION OF THE REQUEST: Window size change at North Elevation.

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

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

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

III. DESIGN PROFESSIONAL(S):

[x]	Architect	[ ]	Design Consultant
[ ]	Landscape Architect	[ ]	Engineer

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

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

OWNER/AGENT INFORMATION:

Property Owner's Name: MR. & MRS. ROGER TAYLOR CONTRACT PURCHASER

Owner's Address (if different from Subject Address): 260 N. WOODS RD. PALM BEACH, FL. 33480
Phone number: (917)327-4576

Signature (**owner or owner's legally authorized agent***): Marvin S. Rosen

*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) Marvin S. Rosen, Attorney