



TOWN OF PALM BEACH
Planning, Zoning & Building Department
360 South County Road
Palm Beach, FL 33480
(561) 838-5430 • www.townofpalmbeach.com

HISTORIC PRESERVATION PROPERTY TAX EXEMPTION APPLICATION
AMENDMENT APPLICATION

LPC Case Number: COA- 24 - 010

Date: 1-3-24

PROPERTY IDENTIFICATION AND LOCATION

Property Address: 350 Worth Ave., Palm Beach, FL, 33480

Property Identification Number: 50-43-43-23-05-019-0010

AMENDMENT DESCRIPTION

Indicate all changes in the project work, giving the originally proposed treatment and the amended work item description (use additional sheets if necessary). **Attach photographs and drawings as necessary to illustrate the proposed changes.**

Replace the existing clay barrel tile roofs, metal roofs and flat roofs which are in disrepair and in need of replacement and make structural repairs as necessary. Areas where roofs need replacement include:

COA-019-2021 Phase 1: Main Club Tower Apartments, Unit E, Unit F, Storage Room adjacent to the Tower Apartments and Arcade Shops

COA-22-021 Phase 2: Metal Roof at Orange Garden, Backstage and Main Lounge

COA-23-020 Phase 3: Unit G, Loggia, Art Room, Mizner Room, Unit D and Unit D Living

COA-24-010 Phase 4: Coral Room, Armada Room, Entry, and Library Apartments.

OWNER ATTESTATION:

I hereby attest that the information I have provided is, to the best of my knowledge, correct, and that I own the property described above or that I am legally the authority in charge of the property. Further, by submission of this Application, I agree to allow access to the property by representative of the Historic Preservation Office, and appropriate representative of the Town of Palm Beach, for the purpose of verification of information provided in this Application. I also understand that, if the requested exemption is granted, I will be required to enter into a Covenant with the Town of Palm Beach granting the exemption in which I must agree to maintain the character of the property and qualifying improvements for the term of the exemption.

Name: Scott Lese (Gen. Manager)

Signature: [Signature]

Date: 1-11-24

Phone Number: (561) 655-7810

Complete the following if signing for an organization or multiple owners:

Organization Name: Everglades Club, Inc. Title: General Manager