



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

DEVELOPMENT REVIEW APPLICATION

Updated 08/16/21

FILE NUMBER:	ZONING NUMBER (if applicable):	DATE:
ADDRESS:		
<input type="checkbox"/> LANDMARKS <input type="checkbox"/> Certificate of Appropriateness for design approval <input type="checkbox"/> Certificate of Appropriateness for demolition <input type="checkbox"/> Historically Significant building <input type="checkbox"/> Historic district/ Site designation / undesignation <input type="checkbox"/> Other (expand below) <input type="checkbox"/> Waiver <input type="checkbox"/> Tax abatement project	<input type="checkbox"/> ARCOM <input type="checkbox"/> Design review approval- <u>major project</u> <input type="checkbox"/> Design review approval- <u>minor project</u> <input type="checkbox"/> Design review approval- <u>minor no notice</u> <input type="checkbox"/> Demolition <input type="checkbox"/> Other (expand below)	
<input type="checkbox"/> TOWN COUNCIL		
<input type="checkbox"/> Special exception <input type="checkbox"/> Variance(s) <input type="checkbox"/> Site plan review <input type="checkbox"/> Division of land / replat <input type="checkbox"/> Amendment to the Town's Zoning Code or Zoning Map or Comprehensive Plan or Future Land Use Map <input type="checkbox"/> Other (expand below)		
<input type="checkbox"/> Other:		
Property Information		
ADDRESS OF PROPERTY		
LEGAL DESCRIPTION (if necessary attach as separate exhibit)		
PROPERTY OWNER NAME		
CONTACT NUMBER AND/OR EMAIL		
APPLICANT NAME (if different than owner)		
CONTACT NUMBER AND/OR EMAIL		
Authorized Representative(s) Information (if applicable)		
NAME	<input type="checkbox"/> Attorney <input type="checkbox"/> Agent <input type="checkbox"/> Other _____	
CONTACT PHONE	EMAIL ADDRESS	

Summary of Request (NOTE: A separate Letter of Intent (LOI) is required as part of the submittal prerequisite)**PROVIDE A BRIEF SCOPE OF PROJECT REQUEST**

- EXTERIOR WINDOWS TO BE REPLACED.
- REMOVAL OF EXISTING EXTERIOR BAY WINDOWS AND DOORS.
- NEW EXTERIOR WINDOW AND DOORS IN UPDATED LOCATIONS.
- PERIMETER ADJUSTMENTS TO THE EXISTING ROOF. ADDITIONAL ROOF DETAILS ADDED.
- ROOFING MATERIAL TO BE UPDATED AND REPLACED.
- NEW EXTERIOR FAÇADE GABLE AT NORTH (FRONT) MAIN ENTRY.
- NEW EXTERIOR ROOF GABLES AT EAST, WEST, SOUTH.
- EXTERIOR PAINT AND TRIM COLOR TO BE CHANGED.
- NEW DRIVEWAY ENTRANCE.
- NEW PERGOLAS IN BACK OF HOME.
- NEW SWIMMING POOL AND FOUNTAIN.
- NEW CHIMNEY CAP.
- NEW INTERIOR KITCHEN CABINETS AND FLOORING.
- NEW GUEST BATHROOMS AND CLOSETS.
- MASTER BEDROOM CLOSETS (HIS AND HERS).
- NEW LAUNDRY ROOM RELOCATED.

Project Information

Is there an existing building(s) on the site?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the project include minor exterior demolition?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the project include total demolition?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the project include exterior alterations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the project include site plan modifications?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Provide the total square footage of the new construction.	SF.	
Provide the gross square footage of the new construction (including parking and all usable area).	SF.	

Design Professional (primary design professional responsible for project design)

NAME:	<input type="checkbox"/> Architect
LICENSE #:	<input type="checkbox"/> Contractor
<input type="checkbox"/> Check this box if you are a Commission member that will result in a voting conflict of interest	<input type="checkbox"/> Landscape Architect
	<input type="checkbox"/> Engineer
	<input type="checkbox"/> Other _____
CONTACT PHONE	EMAIL ADDRESS


Please read the following and acknowledge below:

- ☐ As part of the project approval, I voluntarily agree to dedicate a utility easement supporting the undergrounding project to the satisfaction of the Town of Palm Beach, which may include the installation of aboveground electrical equipment and pads to be placed on my property.

The aforementioned is acknowledged by:

☐ Owner of the subject property

☐ Authorized representative



SIGNATURE

Judith Wall Cusack

PRINT NAME

14 December 2024

DATE SIGNED

"Exhibit A"
NOTICE AFFIDAVIT



FILE NUMBER: _____

FILE NUMBER: _____

STATE OF FLORIDA
COUNTY OF PALM BEACH, TOWN OF PALM BEACH

BEFORE ME THIS DAY PERSONALLY APPEARED Kyle Fant
WHO BEING DULY SWORN, DEPOSES AND SAYS THAT:

1. He/she is the owner, or the owner's authorized agent, of the real property legally described in the Application; and
2. The accompanying Property Owners List is, to the best of his/her knowledge, a complete and accurate list of all property owners' mailing addresses and property control numbers dated no more than 90 days prior to the meeting at which the subject application will be heard, and as recorded in the latest official tax rolls for the subject property and all other property within **three hundred (300) feet, or other radius distance if required**, of the real property described in the Application, or all property within **three hundred (300) feet, or other radius distance if required**, of all contiguous property owned wholly or in part by the owner of the real property described in the Application for approval, if applicable; and
3. A copy of each page of the application plus project Notice of Meeting Date to all surrounding Property Owners (as described above in 2.) and **TOWN HALL** is included in each envelope submitted for mailing, and will be mailed **at least 30 days prior** to the meeting using the labels provided by the Property Appraiser's office.

FURTHER AFFIANT SAYETH NOT.

The foregoing instrument was acknowledged before me this 3rd day of January 2022, by
Month/Year

Kyle Fant who is personally known to me or who has produced
(Name of person acknowledging)

_____ as identification.
(Type of identification)

Kyle Fant
Applicant's Signature

Kyle Fant
Applicant's (or Agent's) Printed Name

Nicholas Pastor
Notary as to Owner or to Authorized Agent

Applicant's (or Agent's) Address

My Commission Expires: 10/22/24

