

TOWN OF HIGHLAND BEACH

Application #____

PROPERTY INFORMATION ASSOCIATED WITH THIS APPLICATION

Full Legal Description of the Property [as described in the deed] or reference to an attachment: Camelot on the Atlantic PL 1 LT 6 & TH PT of TRS A-2 & B-2 LYG E of & ADJ Thereto as in OR5994P260

Zoning District:

What is the location of the installation? IX Intracoastal Waterway (ICW) □ Interior Canal/Basin □ N/A

PCN: 24-43-46-28-44-000-0060

PROPERTY OWNER (APPLICANT) INFORMATIO	N			
Name: David Willens	Phone: (561) 866-2757	Fax:		
Mailing Address: 2362 S Ocean Blvd Highland Beach Fl.				
Email Address: dwillens65@gmail.com				
APPLICANT'S AGENT INFORMATION				
Name: Christopher Gullace	Phone: 561-701-4540	Fax:		
Company Name: West General Corporation				

Mailing Address: 275 Hamlet Dr. Delray Beach FI 33445

Email Address: cmg@westg1.com

Provide a detailed description of the proposed project (use additional pages if necessary):

Renovation of the existing home as well as the addition of two new garages with living space above each. Renovations will include new windows & exterior doors, flooring, cabinetry, some mechanical, electrical and plumbing additions and alterations, new swimming pool, new landscaping and hardscape, new appliances, painting inside and out. I give permission to the members of the Town Commission, Planning Board and staff to inspect the property for the purpose of this application. I declare that all statements made herein are true, based upon the best available information. Willful false statements may jeopardize the validity of my application or any decision issued thereon. I have fully read the information outlining the application requirements. With this application, I am submitting the necessary supporting materials listed.

Applicant's Signature	Date:	1/30	23	
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Received by the Town Clerk's Office:

Received By:_____

Date:

Date Public Notices Mailed:

Date Legal Advertisement Published: