



TOWN OF HIGHLAND BEACH DEVELOPMENT ORDER APPROVAL APPLICATION

Application # _____

PROPERTY INFORMATION ASSOCIATED WITH THIS APPLICATION	
Address: 3515 S Ocean Blvd	PCN: 24-43-46-33-00-004-0140
Full Legal Description of the Property [as described in the deed] or reference to an attachment: 33-46-43, N 60 FT OF S 770 FT OF GOV LT 4 LYG E OF SR 140 A/K/A CITY LOT NO 83	
Zoning District: RML - MULTI-FAMILY LOW-DENSITY (24-HIGHLAND BEACH)	What is the location of the installation? <input type="checkbox"/> Intracoastal Waterway (ICW) <input type="checkbox"/> Interior Canal/Basin <input checked="" type="checkbox"/> N/A

PROPERTY OWNER (APPLICANT) INFORMATION		
Name: PATTI & ALAN MASAREK	Phone: 919-425-8248	Fax:
Mailing Address: 3515 S OCEAN BLVD BOCA RATON FL 33487		
Email Address: masarek.patti@gmail.com / amasarek123@gmail.com		

APPLICANT'S AGENT INFORMATION		
Name: Lawrence Frankel	Phone: (561) 994-6443	Fax:
Company Name: Frankel Homes		
Mailing Address: 1030 Wallace Dr suite a, Delray Beach, FL 33444		
Email Address: larry@frankelhomesfl.com		

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

ADDITION AND INTERIOR/EXTERIOR ALTERATIONS TO EXISTING SINGLE FAMILY RESIDENCE.

The architectural changes consist of removing partial flat roofs to introduce flat tile sloped roof keeping the height within the allowable building height, new windows and exterior doors with black frame color and muntins, replacing the exterior railings to match the architecture, converting existing round columns to square with added capital and base detail, removing existing faux wood banding, and existing spiral staircase to be refurbished.

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: ABM Date: 1/31/2024

Applicant's Printed Name Alan B. Masarek

Received by the Town Clerk's Office:

Received By: _____ Date: _____

Date Public Notices Mailed: _____

Date Legal Advertisement Published: _____