

Personal/Professional References:

Name

Address

Telephone

Work Experience:

Community Involvement:

Interests/Activities:

Why do you desire to serve on this/these Board(s)?:

- **NOTE: A resume or separate sheet with additional information may be included.**

APPLICANT CERTIFICATION

By placing my signature below, I do hereby acknowledge that I understand the following:

1. This Applicant Information Form, when completed and filed with the City Clerk's Office, is a PUBLIC RECORD under Chapter 119, *Florida Statutes*, and, therefore, is open to public inspection by any person.
2. As an applicant, I am responsible for keeping the information on this form current and that any changes or updates to this form can be made by calling, faxing, writing, or visiting the City Clerk's Office.
3. As an applicant, I am aware that City and State law requires that members of certain boards file a detailed financial disclosure form.
4. This application is effective for ONE YEAR from the date of receipt by the City Clerk's Office. To be eligible for appointment, each member must be a registered voter and resident of the City of Titusville for one year immediately prior to the appointment.
5. Under the provisions of Section 2-52 of the Code of Ordinances, "Persons wishing to be considered for appointments shall file with the City Clerk's Office a statement of their interest and comply with Section 2-51, no later than five (5) days prior to the meeting at which the appointment is scheduled. The time limit in this subsection may be waived when a position on a board or commission has been open or available for appointment for a period of fifteen (15) days and there is only one (1) applicant for the position.
6. The information provided on this form is true and consent is hereby given the City Council or its designated representative to verify any and/or all information provided.

Applicant Signature and date

City Clerk's Office Use Only:

Date Application Received: _____

Receipt Acknowledged By: _____

RETURN COMPLETED APPLICATIONS TO: City Clerk's Office, P.O. Box 2806, Titusville, FL 32781-2806 – 321 383-5774

Board of Adjustments and Appeals
Supplemental Application

Name of Applicant: _____ **Date:** _____

If you wish to serve as a member to the Board of Adjustments and Appeals, please check the following boxes that apply to your expertise/experience:

- _____ **A licensed architect**
- _____ **A licensed engineer**
- _____ **A licensed landscape architect**
- _____ **A licensed surveyor**
- _____ **A general contractor**
- _____ **A building contractor**
- _____ **A person associated with the Building Trades Industries**
- _____ **A person having an education degree (bachelor or master degree) in Urban Planning**
- _____ **A person with a current American Institute of Certified Planner Certification**
- _____ **A person with a minimum of ten (10) years experience in land development**
- _____ **A person with a minimum of ten (10) years experience in urban planning field**

Please provide additional information regarding the expertise/experience above: _____

Municipal Code Enforcement Board
Supplemental Application

Name of Applicant: _____ **Date:** _____

If you wish to serve as a member to the Municipal Code Enforcement Board, please check the following boxes that apply to your expertise/experience:

- _____ **Architect**
- _____ **Businessman**
- _____ **Engineer**
- _____ **General contractor**
- _____ **Subcontractor**
- _____ **Realtor**

Please provide additional information regarding the expertise/experience above: _____
