

**COMMITTEE APPLICATION
LAKE COUNTY
BOARD OF BUILDING EXAMINERS**

Mr. Ms. Name: _____ Date: _____

Home Mailing Address: _____

Home Physical Address: _____

County of Residence: _____ Home Phone: _____

E-mail Address: _____

Education: _____

Business (Name & Type): _____

Business Address: _____

Business Phone: _____ Position: _____

The Board of Building Examiners is composed of nine (9) members. The membership of the Board of Building Examiners shall, whenever practical, include at a minimum an architect, a business person, an engineer, and at least one contractor who is registered or certified under section 489.105(3)(a)-(c), Florida Statutes, and at least one contractor who is registered or certified under section 489.105(3)(d)-(o), Florida Statutes, and must include three consumer members who are not and have never been members of a profession regulated under this part, or a member of any closely related profession, Chapter 471, Chapter 481, or Chapter 489, Florida Statutes. All members must be residents of Lake County but are not required to be registered Lake County voters.

Please check below the position for which you qualify:

_____ Architect

_____ Business Person

_____ Engineer

_____ Licensed Contractor - in the following areas: general, building, or residential in accordance with section 489.105(3)(a)-(c), Florida Statutes.

_____ Licensed Contractor - in the following areas: Sheet Metal, Roofing, Class AA Air-conditioning, Class AB Air-conditioning, Class AC Air-conditioning, Mechanical, Commercial Pool/Spa, Residential Pool/Spa, Swimming Pool/Spa, Plumbing, Underground Utility and Excavation, or Solar in accordance with section 489.105(3)(d)-(o), Florida Statutes.

_____ Consumer Member

If you are applying for membership as a licensed contractor, please attach a copy of your current contractors' license.

Training/experience related to membership applying for: _____

Professional Organizations: _____

Do you **currently** serve on a Lake County Board/Committee? Yes No

If so, please identify each Board/Committee:

Name of Board/Committee:

Have you served on a Lake County Board(s)/Committee(s) **in the past**? Yes No

If so, please identify those that you have served on:

Name of Board/Committee:

Dates Served:

Do you currently work for an entity or agency that either receives funding from, or has a contract with the County to perform services?

Yes No *If yes, please identify the entity or agency:*

Are you, your spouse or children, currently an officer, director, or partner in any entity or agency that receives funding from, or has a contract with, the County?

Yes No *If yes, please identify the entity or agency:*

In applying to serve on this Board as a consumer member and by signing this form, I declare that I am not and have never been a member of a profession regulated under this part, or a member of any closely related profession, Chapter 471, Chapter 481, or Chapter 489 of the Florida Statutes.

References:

	Name	Address	Phone Number
(1)	_____	_____	_____

(2)	_____	_____	_____
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(3)	_____	_____	_____
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I will attend meetings in accordance with the adopted policies of Lake County. If at any time my business or professional interests conflict with the interests of this Board, I will not participate in such deliberations. References may be secured from the following individuals --- list name, address, and phone number.

Signature of Applicant

In completing this application, you are acknowledging that personal information you provide is subject to Florida's Public Records Policy as stated in Chapter 119, Florida Statutes, and Article I, Section 24 of the State Constitution.

IF APPOINTED TO THE BOARD OF BUILDING EXAMINERS, YOU WILL BE REQUIRED TO FILE A FINANCIAL DISCLOSURE FORM, PURSUANT TO CHAPTER 112, FLORIDA STATUTES.

Also, due to Florida laws regarding dual office holding, citizens cannot serve on more than one of the following boards at one time: Board of Adjustment, Board of Building Examiners, or the Planning & Zoning Board. In the event this occurs, the member will be required to resign from one of the positions.

Additional information may be attached to this application form.

How did you learn of this vacancy?

Newspaper Ad Internet LSCC Ch-13 Friend Other

Applications are kept on file with the Board of County Commissioners for a period of one year from date of receipt. Should a vacancy occur and you are not appointed to this Board, your application may be reconsidered should another vacancy occur during that one year period

Please return this completed application to:

Lake County Board of County Commissioners
County Commissioners' Office
P. O. Box 7800
Tavares FL 32778-7800