

Code Enforcement Board Application

This Board has seven voting members and two alternate board members. The board holds hearings on code violations as presented by the Code Enforcement Officer and issues orders necessary to bring violations into compliance. The Code Enforcement Board meets once per month if needed. This board usually meets the first Tuesday of the month as needed.

1. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

2. Home Address: \_\_\_\_\_

3. Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_
(Optional) (Optional)

4. Summary of Education and Experience: \_\_\_\_\_

(Use additional sheets if necessary or submit resume)

5. Are you registered to vote in Brevard County? YES [ ] NO [ ]

6. Are you a resident of the Town? YES [ ] NO [ ]

7. How long have you been a resident of the Town: \_\_\_\_\_

8. Do you reside in the Town at least 10 months of each calendar year? YES [ ] NO [ ]

10. Have you attended any Town Council or Planning and Zoning Board meetings within the past year?
YES [ ] NO [ ] If YES, how many? \_\_\_\_\_

11. Are you currently involved with any other organization in the town? YES [ ] NO [ ]

12. What special qualification/knowledge can you bring to the Board? \_\_\_\_\_

Multiple horizontal lines for providing additional information or answers to question 12.

13. Why are you interested in serving on this Board? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Applicant Certification**

*By filing this application with the Town of Grant-Valkaria and placing my signature below, I do hereby acknowledge the following:*

- *This Application, when completed and filed with the Office of the Town Clerk, is a PUBLIC RECORD UNDER Chapter 119, Florida Statutes, and is open to public inspection.*
- *I am responsible for keeping the information on this form current and that any changes or updates will be provided to the Office of the Town Clerk.*
- *I acknowledge that I am a resident of the Town of Grant-Valkaria and registered to vote in Brevard County.*
- *I consent to filing the Statement of Financial Interests if required for this board.*
- *If appointed to a Board, I acknowledge that it is my obligation and duty to comply with the following:*
  - *Code of Ethics for Public Officials (Florida Statutes, Chapter 112, Part III)*
  - *Florida Sunshine Law (Florida Statutes, Chapter 286)*

*I understand the responsibilities associated with being a Board member, and I will have adequate time to serve on this Board.*

*The information provided on this form is true and correct, and consent is hereby given the Town Council or its designated representative to verify any and/or all the information provided.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*