

Planning and Zoning Board/Local Planning Agency Application

Members on this Board shall represent diverse segments of the community taking into account such things as, but not limited to, area of expertise, backgrounds, interests, and resident location. This board has 5 voting members, 2 alternate board members, and 1 non-voting School Board member appointed by the School Board. Each member serves for 2-year terms. The board acts in an advisory capacity to the Town Council relating to zoning, land use, amendments to Zoning Code, development plans approval, and Comprehensive Plan development and amendments, and approves major site plans as presented by the Town Administrator. The Planning and Zoning Board meets on the fourth Monday of the month at 7:00 pm only when there is a zoning action requested.

- 1. Name: Phone:
2. Current email address:
3. Home Address:
4. Business Name: Business Phone:
5. Summary of Education and Experience:

(Use additional sheets if necessary or submit resume)

- 6. Are you registered to vote in Brevard County? YES NO
7. Are you a resident of the Town? YES NO
8. How long have you been a resident of the Town:
9. 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?

(See reverse for page 2)

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 for at least the last 6 consecutive months and am a registered voter within the town.*
- *I consent to filing the annual Statement of Financial Interest.*
- *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)*
  - *Annual Financial Disclosure*

*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