Levy County Alternate Planning Commission Member Application

Please return to:
Levy County Planning Dept.
380 S. Court Street
Bronson, FL 32621-1373

Telephone: **352-486-5405**
Fax: **352-486-5549**
email: **levyplng@bellsouth.net**

Please Note:

- Applications must be received by the deadline on the current month press release.
- Applications will be submitted to the Board of County Commission for consideration of appointment to the current vacancy only. If not selected, a new application must be submitted for future vacancies.
- A resume, letters or other pertinent information may be included with the completed application.
- For additional information call the Levy County Planning Department at (352) 486-5405.
- Please complete the following application and return to the above address.

NAME: **FIRST**	**MIDDLE**	**LAST**
ADDRESS:	CITY:	ZIP CODE:
E-MAIL ADDRESS	TELEPHONE: HOME:	OFFICE
OCCUPATION:	PLACE OF EMPLOYMENT:	
EDUCATION:	CIVIC AND PROFESSIONAL ORGANIZATIONS/ ACCOMPLISHMENTS:	
CONTINUOUS RESIDENT OF LEVY COUNTY SINCE _____		

STATE YOUR EXPERIENCE AND INTERESTS OR ELEMENTS OF YOUR PERSONAL HISTORY THAT QUALIFY YOU FOR APPOINTMENT (Experience in Comprehensive Planning/Zoning, familiar with the Levy County Comprehensive Plan and the Levy County Land Development Regulations)

Are you currently serving in another position appointed by the Board of County Commissioners? YES ☐ NO ☐
If yes, list name of Board _____ .

Are you a "relative" of a member of the Board of County Commissioners? YES ☐ NO ☐
If yes, list name of Board member_____ .

Section 112.3135, Florida Statues defines "relative" as the following: "…an individual who is related to the public official as father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, or half sister."

REFERENCES (AT LEAST ONE), ADDITIONAL MAY BE ATTACHED

NAME:	
ADDRESS:	TELEPHONE:
NAME:	
ADDRESS:	TELEPHONE:

If you have any additional information, such as a resume, please attach.

This form must be signed to be valid. All statements and information provided in this application are true to the best of my knowledge.

_____	_____	_____
NAME	SIGNATURE	DATE