



City of North Miami Beach, Florida

APPLICATION FOR CODE ENFORCEMENT BOARD

The Code Enforcement Board promotes, protects, and improves the health, safety, and welfare of the citizens of the municipality by providing an equitable, expeditious, effective and inexpensive method of enforcing the various occupational license, building, zoning, sign and related codes in force within the municipality.

Members of the Code Enforcement Board shall, whenever possible, include an architect, a business person, an engineer, a general contractor, a subcontractor and a realtor.

(PLEASE PRINT CLEARLY)

1. NAME: _____
2. HOME ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
3. BUSINESS NAME: _____
BUSINESS ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
4. CONTACT NO: (HOME) _____ (BUSINESS) _____
CELL: _____ EMAIL ADDRESS: _____
FAX: _____
5. ARE YOU A RESIDENT OF THE CITY OF NORTH MIAMI BEACH OR DO YOU WORK IN THE CITY OF NORTH MIAMI BEACH?
RESIDENT _____ WORK _____ (YES OR NO)
6. HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ NO _____
7. HIGHEST LEVEL OF EDUCATION AND OCCUPATION:

8. ARE YOU RELATED TO A CITY EMPLOYEE? YES _____ NO _____
(IF YES, PLEASE STATE THE NAME OF THE EMPLOYEE AND THE DEPARTMENT IN WHICH HE/SHE WORKS: _____)

9. EMPLOYMENT HISTORY (PLEASE INCLUDE EMPLOYER, POSITION, YEARS SERVED):

PRESENT STATUS: _____

_____ to _____

_____ to _____

_____ to _____

10. HAVE YOU EVER SERVED ON AN ADVISORY BOARD OR COMMITTEE DEALING WITH CODE ENFORCEMENT MATTERS (IF SO PLEASE LIST WHERE, WHEN, AND IN WHAT CAPACITY)

11. PLEASE STATE YOUR REASON FOR INTEREST IN APPLYING FOR THE CODE ENFORCEMENT BOARD:

12. PLEASE LIST QUALIFICATIONS, TALENTS, OR EXPERTISE AS IT RELATES TO MEMBERSHIP FOR THIS BOARD: _____

CERTIFICATION

I CERTIFY UNDER OATH, AND PENALTY OF PERJURY, THAT ALL INFORMATION SHOWN ABOVE IS TRUE AND CORRECT. I DO UNDERSTAND THAT ANY APPOINTMENT TO A BOARD, COMMITTEE, COMMISSION OBTAINED ON A MISREPRESENTATION OF A MATERIAL FACT SHALL BE NULL AND VOID.

APPLICATION DATE: _____ APPLICANT'S SIGNATURE: _____

APPOINTMENT DATE: _____ BY _____