LAKE COUNTY BOARD OF BUILDING EXAMINERS
COMMITTEE APPLICATION

☐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 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.

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.

-Please complete the next page–

Training/experience related to membership applying for: _____

_____

_____

Professional Organizations: _____

_____

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(S)/COMMITTEE(S)	**DATES SERVED ON**
_____	_____
_____	_____
_____	_____

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.

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.

	Name	**Address**	**Phone Number**
(1)			
(2)			
(3)			

_____
(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.

Additional information may be attached to this form.

How did you learn of this vacancy?
☐Newspaper Ad ☐ Internet ☐ LSCC Ch-13 ☐Friend ☐Other

Return to:
Board of County Commissioners
PO Box 7800, Tavares FL 32778-7800

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.