



CITY OF FORT PIERCE

100 NORTH US HWY 1
FORT PIERCE, FLORIDA 34950
(772) 467-3000 FAX (772) 467-3841

APPLICATION FOR APPOINTMENT/REAPPOINTMENT

Name of Board or Boards for which you are applying: PLANNING BOARD

| | |
|---|--|
| Name: <u>Michel Dahan</u> | Phone: <u>772-812-9600</u> |
| Home Address: <u>1809 Eucalyptus AV</u> | How long at this address? <u>2</u> |
| Are you a citizen of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Occupation: <u>Realtor</u> | |
| Do you own a business that operates within the City of Fort Pierce? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the address and nature of said business: | |
| Do you now or in the future plan to do business with the City of Fort Pierce? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, in what capacity? | |
| Are you employed by a business that is located within the City of Fort Pierce? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the business and location: <u>Realtor for Coldwell Banker</u> | |
| Do you have special training or knowledge in the area of: Architecture: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Engineering: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Real Estate Brokering: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Contracting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Land Development: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other: Describe your education, background, training and knowledge in the above area(s): <u>I AM A REALTOR</u> | |
| Are you currently a member of a Commission-appointed board/committee? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: <u>PLANNING BOARD & CIVIL SERVICE APPEALS</u> | |
| Have you ever been convicted of a crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the nature of the crime(s) you were convicted of: <u>POSSESSION</u> | |
| Referred by: | Email Address: <u>Michel - Dahan @ yahoo.com</u> |
| Date: <u>01/15/2015</u> | Applicant's Signature: <u>MDahan</u> |

APPLICATIONS EXPIRE 6 MONTHS FROM THE DATE OF SUBMISSION. PLEASE REAPPLY AS OFTEN AS DESIRED.

Please return form to: City Clerk's Office - 100 North US Hwy 1, Fort Pierce, Florida 34950
fax (772) 468-3841 or via email at lcox@city-ftpierce.com