



CITY OF FORT PIERCE

100 NORTH US HWY 1
FORT PIERCE, FLORIDA 34950
(772) 467-3065 fax (772) 467-3841

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APR 11 2019

CITY OF FORT PIERCE
PLANNING & ZONING

APPLICATION FOR APPOINTMENT/REAPPOINTMENT

Name of Board or Boards for which you are applying: City Planning Board

Name: <u>Renella Mitchell</u>	Phone: <u>(914) 563-7325</u>
Home Address: <u>230 Peacock Street</u> City/Zip Code: <u>Ft. Pierce Florida 34982</u>	How long at this address? <u>2 yrs</u>
Are you a citizen of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation: <u>Testing and Education Specialist / State of Florida Notary Public</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what capacity? <u>provide educational and testing services with in the city and surrounding cities</u>	
Are you employed by a business that is located within the City of Fort Pierce? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the business and location: <u>Medical Specialty Care Center</u> <u>Midway Specialty Care Center</u> <u>356E Midway Road</u> <u>Fort Pierce Florida 34982</u>	
Do you have special training or knowledge in the area of: Architecture: <input type="checkbox"/> Yes <input type="checkbox"/> No Engineering: <input type="checkbox"/> Yes <input type="checkbox"/> No Real Estate Brokering: <input type="checkbox"/> Yes <input type="checkbox"/> No Contracting: <input type="checkbox"/> Yes <input type="checkbox"/> No Land Development: <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Other:</u> Describe your education, background, training and knowledge – (feel free to attach a resume): <u>Community Liason and Negotiator for city outreach organizations</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>AREA 15 HIV/AIDS Comprehensive Planning Network</u> <u>SERVING St. Lucie, Indian River, Okechobee, Martin Counties, Florida Dept of Health</u>	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what was the nature of the crime(s) you were convicted of:	
Referred by: <u>Mary Serrano</u>	Applicant Email Address: <u>Rmitchell10802@yahoo.com</u>
Date: <u>07/12/2019</u>	Applicant's Signature: <u>Renella Mitchell</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) 467-3841 or via email at lcox@city-ftpierce.com