



# CITY OF FORT PIERCE

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

## APPLICATION FOR APPOINTMENT/REAPPOINTMENT

### Planning Board

Name of Board or Boards for which you are applying: \_\_\_\_\_

Name: <b>Bob Burdge</b>	Phone: <b>772-466-0032</b>
Home Address: <b>4204 Birkdale Dr Ft Pierce 34947</b> City/Zip Code:	How long at this address? <b>3, 67 in city</b>
Are you a citizen of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation: <b>retired</b>	
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 checked="" type="checkbox"/> No If yes, state the business and location:	
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    Other: Describe your education, background, training and knowledge – (feel free to attach a resume): <b>past member of planning board, former city commissioner</b>	
Are you currently a member of a Commission-appointed board/committee? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: <b>parcs, keep ft pierce beautiful, 1/2 cent oversight committee</b>	
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:	Applicant Email Address: <b>commish33@aol.com</b>
Date: <b>7/15/23</b>	Applicant's Signature:

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@cityoffortpierce.com