

Print

Application For Appointment/Reappointment - Submission #24821

Date Submitted: 6/8/2026

Name of Board or Boards for which you are applying:*

Planning Board

Name:*

Keith Delmarco

Home Address:*

1701 Gulfstream Avenue Unit 717

City:*

Ft Pierce

State:*

FL

Zip:*

34949

How long at this address?*

5 years

Telephone Number*

516 236 7692

If less than two years, provide prior address:

☐ **Are you a citizen of the United States? ***





Yes



No

Occupation: *

Retired

Employer:*

N/A

Do you own a business that operates within the City of Fort Pierce?*



Yes



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 or the Fort Pierce Utilities Authority(FPUA)?*



Yes



No

If yes, in which organization and in what capacity?

Are you employed by a business that is located within the City of Fort Pierce?*



Yes



No

If yes, state the business and location:

Do you have special training or knowledge in the area of:

Engineering:*



Yes



No

Architecture:*



Yes



No

Real Estate
Brokering:*



Yes



Finanace/Accounting:*



Yes



No

☒ No

☒ No

No

☒ No

Contracting:*

☒

Yes

☐

No

Land Development:*

☐

Yes

☒

No

Utilities:

☒

Yes

☐

No

Management:*

☒

Yes

☐

No

Describe your professional background and what expertise you will bring to this Board. (Attach your resume or other applicable information below if desired) *

I spent 25 years within the banking industry managing a global team comprised of architects, engineers, financial analysts, operations and procurement. In addition, I managed a \$500MM budget. I believe these skills will bring value to the Planning Board.

Are you currently a member of a Commission-appointed board/committee?*

☐

Yes

☒

No

If yes, please specify:

Have you ever been convicted of a felony?*

☐

Yes



No

If yes, what was the nature of the crime(s) you were convicted of:

If appointed, are you willing to attend a training session which could last several hours?*



Yes



No

Referred by:*

Applicant Email Address:*

Date:*

Applicant's Signature:*

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

For additional information, please contact the City Clerk's Office at 772.467.3065 or email

lcox@cityoffortpierce.com.

Upload Resume (Optional)

Choose File

No file chosen