



## Town of Highland Beach

Town Clerk's Office  
3614 S. Ocean Boulevard

Highland Beach, Florida 33487

Phone: (561) 278-4548 Fax: (561) 265-3582

### **BOARDS AND COMMITTEES APPLICATION**

This information is for consideration of appointment to a Town Board. Please complete and return this form to the Town Clerk, along with your *resume and proof of residency such as a government issued identification or voter registration card*.

**PLEASE NOTE:** Florida Public Records Law is very broad. Documents relevant to town business is public records and is subject to public disclosure upon request. Your information provided within this application may therefore be subject to public disclosure.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ APT. NO. \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**PLEASE SELECT THE BOARD(S) / COMMITTEE(S) ON WHICH YOU ARE INTERESTED IN SERVING IN NUMERICAL ORDER FROM 1 THROUGH 7, WITH 1 BEING YOUR FIRST CHOICE AND 7 THE LEAST CHOICE.** (A description of the responsibilities of each Board is on the back of this application.)

\_\_\_\_\_ Board of Adjustment & Appeals

\_\_\_\_\_ Code Enforcement Board

\_\_\_\_\_ Financial Advisory Board

\_\_\_\_\_ Natural Resources Preservation Board

\_\_\_\_\_ Planning Board

\_\_\_\_\_ Other Board /Committee

### **PLEASE MARK YES OR NO FOR EACH OF THE FOLLOWING QUESTIONS:**

Are you a resident of Highland Beach? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a registered voter in Highland Beach/Palm Beach County, FL? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently serving on a Town Board? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever served on a Town Board/Committee? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please indicate the Board(s)/Committee(s)? \_\_\_\_\_ Date of Service: \_\_\_\_\_

Are you willing to attend monthly board meetings? In Person Yes \_\_\_\_\_ No \_\_\_\_\_

Per Town Code of Ordinance, I understand any member absence from three (3) consecutive meetings will be considered as resignation from the board/committee. Yes \_\_\_\_\_ No \_\_\_\_\_

Please list any special talent, qualification, education or professional experience that would contribute to your service on the Board/Committee you have selected?

Please summarize your volunteer experience(s):

Florida Law requires appointed members on the Planning and Board of Adjustment and Appeals Boards to file a Form 1 - Statement of Financial Interests Disclosure form on an annual basis.

Vetting by the Board Chairperson. The Chairperson of each Board shall interview the applicant and submit a memorandum of recommendation to the Town Clerk's Office 14 days prior to the Town Commission Workshop Meeting for final appointment.

Palm Beach County Commission on Ethics requires appointed members to take the Code of Ethics Training every two (2) years.

I hereby certify that the statements and answers provided are true and accurate to the best of my knowledge.

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Signature of Applicant

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Date

☐ Resume Attached.

**TOWN OF HIGHLAND BEACH, FLORIDA**  
**DESCRIPTION OF BOARDS AND COMMITTEES**

**BOARD OF ADJUSTMENT AND APPEALS (QUASI-JUDICIAL)**

The Board of Adjustment and Appeals review and hear appeals relevant to applications for variances. It acts on matters pertaining to requests for variances as provided in the Zoning Code of Town's code of ordinances; and also approves or denies a request for variance.

**MEETING:** The Board of Adjustment and Appeals on an as-needed basis.

**CODE ENFORCEMENT BOARD (QUASI-JUDICIAL)**

The Code Enforcement Program is mandated by Chapter 162 of the Florida Statute. The Code Enforcement Board or a special magistrate shall enforce and have jurisdiction to enforce all technical codes in force in the town, including, but not limited to, occupational license, fire, building, zoning and sign codes. It will shall proceed to hear the cases. Appointments to this board shall be on the basis of experience or interest in the fields of zoning and building control.

The qualification of the membership shall include an architect, a businessman, an engineer, a general contractor a subcontractor and a realtor.

**MEETING:** The Code Enforcement Board meets on an as-needed basis.

**FINANCIAL ADVISORY BOARD**

The Financial Advisory Board is charged by the Town Commission to report and review on the impacts of legislative and administrative decisions on the Town's budget; review and report on the revenue sources and operational/capital expenditures and make recommendations that may favorably impact the Town's budget and overall financial condition; and review and make recommendations on Town financial policies including but not limited to: financial, purchasing, investment, budget and insurance.

**MEETING:** The Financial Review Advisory Board meets quarterly or on an ass needed basis.

**NATURAL RESOURCES PRESERVATION ADVISORY BOARD**

The Natural Resources Preservation Advisory Board shall provide constructive advice and counsel to town departments and boards, and to the town commission with a broad outlook toward environmental and natural resources preservation, protection, and conservation.

**MEETING:** The Natural Resources Preservation Advisory Board meets, on a quarterly basis, on an as-needed basis.

**PLANNING BOARD (QUASI-JUDICIAL)**

The Planning Board acts in a decision-making capacity reviewing all matters of community planning, site *plan* reviews, plat reviews for subdivisions and any other division of land; and shall act in an advisory capacity making recommendations to the Town Commission pertaining to approval or denial of an application for development approval. It also serves as the local planning agency, pursuant to F.S. § 163.3161.

**MEETINGS:** The Planning Board meets on the second Thursday of the month at 9:30 am, on an as-needed basis.

To All Applicants:

The Town Commission of the Town of Highland Beach adopted Resolution No. 19-029 R – Advisory Board and Committees Appointment Process Policy that all applicants are to complete and sign a background Investigation waiver form authorizing the Town of Highland Beach Police Department to conduct a simple background investigation, which consist of employment history verification, affiliations and memberships, financial/credit report and any criminal convictions.

Please complete the attached Authority For Release of Information Form. This form must be signed in the presence of a notary and notarized.



AUTHORITY FOR RELEASE  
OF INFORMATION  
(Background Investigation Waiver)



To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records

APPLICANT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: \_\_\_\_\_

AGENCY REQUESTING BACKGROUND INFORMATION: Town of Highland Beach

ADDRESS: 3614 South Ocean Boulevard, Highland Beach, Florida 33487

Having made application for certification or employment with the Town of Highland Beach, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. **Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Address \_\_\_\_\_

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_

day of \_\_\_\_\_, year \_\_\_\_\_, By \_\_\_\_\_

Signature of Notary Public – State of Florida \_\_\_\_\_

Print, Type, or Stamp Commissioned name of Notary Public \_\_\_\_\_

Personally Known ☐ OR Produced Identification ☐

Type of Identification Produced \_\_\_\_\_