

The County of Yuba



Application: RESOURCE/DEVELOPMENT CODE ADVISORY COMMITTEE
Appointed by the Board of Supervisors

RETURN APPLICATION WITH ORIGINAL SIGNATURE TO::

CLERK OF THE BOARD OF SUPERVISORS
YUBA COUNTY GOVERNMENT CENTER
915 EIGHTH STREET, SUITE 109
MARYSVILLE, CA 95901
(530) 749-7510

APPLICANT NAME: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

TELEPHONE: HOME: _____ WORK: _____

EMAIL ADDRESS: _____

OCCUPATION/PROFESSION: _____

SUPERVISOR DISTRICT NUMBER: _____

Use additional sheets if necessary to address the next 3 questions

REASONS YOU WISH TO SERVE ON THIS BODY: _____

EXPERIENCE WITH ZONING/SUBDIVISION/DEVELOPMENT CODE REGULATIONS: _____

LIST PAST AND CURRENT PUBLIC POSITIONS HELD: _____

DO YOU HAVE ANY CRIMINAL CONVICTION THAT MAY BE CONSIDERED A CONFLICT OF INTEREST WITH THE COMMITTEE YOU WISH TO SERVE UPON? YES NO
IF YES, PLEASE EXPLAIN. NOTE: THAT A FELONY CONVICTION SHALL PRECLUDE YOU FROM SERVICE.

I UNDERSTAND THAT IF APPOINTED TO THE ADVISORY COMMITTEE AND WHAT MAY BE CONSIDERED A CONFLICT OF INTEREST ARISES, THAT I HAVE A DUTY TO GIVE WRITTEN NOTICE OF SUCH TO THE COUNTY.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

DATE

THIS SECTION FOR OFFICE USE ONLY

NO VACANCY CURRENTLY EXISTS ON ABOVE-MENTIONED BODY. APPLICANT NOTIFIED.

APPLICANT APPOINTED: _____

OTHER: _____