

**City of Bee Cave**  
**Application for Zoning Board of Adjustment**

Additional Supplemental Application Form Required  
*We strongly encourage that a brief resume be submitted along with the application.*

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

How Long? \_\_\_\_\_

Phone (Home): \_\_\_\_\_

(Work): \_\_\_\_\_

Registered Voter?                      Yes      No                      Certificate Number: \_\_\_\_\_

Occupation, Experience/Degrees Held? \_\_\_\_\_  
\_\_\_\_\_

Why do you want to serve on this group? \_\_\_\_\_  
\_\_\_\_\_

Do you have any potential conflicts of interest? \_\_\_\_\_  
\_\_\_\_\_

Do you have any related experience? \_\_\_\_\_  
\_\_\_\_\_

What do you feel you have to offer this group? \_\_\_\_\_  
\_\_\_\_\_

**TEXAS OPEN RECORDS ACT**

Notice to Applicants: Once submitted, information contained in and included with this application is considered public record and must be released if a request is made. According to Government Code Section 552.024 each employee or official of a governmental body and each former employee and official of a governmental body shall choose whether to allow public access to the information in the custody of the governmental body that relates to the person's home address, home telephone number, and e-mail address. Each employee and official and each former employee and official shall state their choice to the City Secretary's office. Please indicate your decisions.

**ALLOW PUBLIC ACCESS** (circle one)

Home Address	Yes	No
Home Phone Number	Yes	No
E-mail Address	Yes	No

Official Signature \_\_\_\_\_

Official Name (Please Print) \_\_\_\_\_

Date Submitted:

Received by:

# Zoning Board of Adjustment Supplemental Application

Once submitted, the information contained in this application is considered public record, and must be released to the public if request is made.

**Name:** \_\_\_\_\_

Please fill out the following supplemental application and return to the City Secretary, along with the Board Application.

In order to understand and contribute to issues faced by the Zoning Board of Adjustment, members must have background knowledge of the governing City Ordinances and some corollary experience. The following questions are designed to help us identify skills that will be of benefit to the Board. Please note proficiency in all of the areas is not required.

1) Please rank your proficiency in the following areas by placing a check mark in the column that best describes your experience level:

No Experience	Some Experience	Proficient Proficient	Moderate Proficiency	Very Proficient	Proficiency Expert
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**Familiarity with the City**

**Ordinances:**

Comprehensive Zoning Ordinance					
Comprehensive Land Use Plan					
Subdivision Regulations					
Sign Ordinance					
Fence Ordinance					
Pathway Study					
Parkland Dedication					
Residential & Commercial					

**Planning**

Map & Plat Interpretation					
Architectural Drawing Interpretation					
Project Evaluation					

**Ordinance Development**

(Writing & Content)

**Ordinance Interpretation**

(Writing & Content)

**Planned Development**

Ordinance Interpretation (Writing & Content)					
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2) Please tell us about your other community programs or committees that you have been involved with. \_\_\_\_\_

3) Please tell us about applicable experience or certifications you have relevant to zoning and land use. \_\_\_\_\_