# **DOREEN FARR**Third District Supervisor



### OFFICE OF THE THIRD DISTRICT SUPERVISOR

County Administration Building 105 East Anapamu Street Santa Barbara, California 93101 Telephone: (805) 568-2191 Fax: (805) 568-2883 www.countyofsb.org

### COUNTY OF SANTA BARBARA

Date: October 28, 2011

Clerk of the Board of Supervisors County of Santa Barbara 105 East Anapamu Street Santa Barbara CA 93101

For Placement on the agenda for the meeting of: November 8, 2011

I would like to recommend the following for the <u>appointment</u> / reappointment to the **Board of Architectural Review-Central** 

Salutation:

Mr.

Name of Appointee:

**Brett Ettinger** 

Address:

517 De La Vina Ave.

City/State/Zip:

Santa Barbara, CA 93103

Home Telephone:

805-962-2109

Telephone 2:

805-899-9171

E-mail:

brett@fe-arch.com

Appointee will represent **Third District** on this committee.

Positions was formerly held by: Erich Brown

Term expires: December 31, 2012

X Check only if this appointment is filling an unexpired vacancy.

Third District Supervisor Doreen Fary

Signed By: Stephanie Langedorf for DF

Elizabeth Farnum
District Representative

## APPLICATION FOR

COUNTY OF SANTA BARBARA BOARD,
COMMISSION, OR COMMITTEE
Return to: Clerk, Board of Supervisors
County Administration Building,
105 E. Anaparnu Street, Room 407
Santa Barbara, CA 93101

DATE RECEIVED

☐ Copy to Supervisor

INSTRUCTIONS: Please complete each flem below. Be sure to enter the title of the Board, Commission, or Committee (only one per application please) for which you desire consideration. For more complete information or assistance contact the Clerk, Board of Supervisors Office. This application shall be mainteined for a period of one year only. After one year it is necessary to file a new application for another

year of eligibility, Please print in ink or type.		2 application for all of the
1. APPLYING FOR: (Use specific little)  CBAR MEM/3EP  3. NAME:		y's Date: 7 - 14 - 11
ETTINGER BRETT A	4. E-MAILADDRESS:  Brettefe	-ach.com
6.ADDRESS: 517 DE LA VISTA AVE	5. TELEPHONE: Home: 96222	109
<u> </u>	Zip Code	9171
7. References: Give names and addresses of three persons, not relating involvement, and abilities.  NAME ADDRESS  A. JOHN VETEULE	TELEPHONE NUMBER	experience, commu-
B.L. BONAGI WAND		ELOPER PRESON- LITERIENCE DRB
C. ROBIN BRADY  B. Are you or have you been employed by the County of Santa Barbare	56750 20 CUM	PORT CBAR MEM
Department:  9. Please check appropriate boxes (optional):	Title: Date:	
Ethnic or racial identity:  Say Male  Black (African American)  Hispanic	GRADUITE DEGETE IN	
☐ Asian/Pacific Islander ☐ Native American/Alaskan Native ☐ Other (Please specify)	11. Indicate Supervisor who will receive a co	2
12 EXPERIENCE: Please explain why you are interested in serving an which you are applying: TO ASSIST CBAR TO BE ARCHITECTURE DESTRUING	what experience you bring to the Commission MAINTAIN 7.46	HIGH RUAUTY
RUM CHARACTER. SERVE HINLISTER RANKA DESIGN REVI	DAT ESMANTS	E MOMBER FOR
13. ADDITIONAL INFORMATION: Give any information explaining, your community organization memberships, or personal interests that books		
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PANEM. PRACTICING ARCH	TELTUPE FOR	23 V= A26
BARBARA VALLEY BALL	DOF DIRFCTORS	
14. SIGNATURE OF APPLICANT X		