SALUD CARBAJAL First District Supervisor

JEREMY TITTLE Chief of Staff

ERIC FRIEDMAN District Representative

LISA VALENCIA **SHERRATT**

District Representative



BOARD OF SUPERVISORS 105 East Anapamu Street, 4th Floor Santa Barbara, California 93101

TELEPHONE: (805) 568-2186 FAX: (805) 568-2534 www.countyofsb.org/bos/carbajal E-mail: Scarbajal@sbcbos1.org

COUNTY OF SANTA BARBARA

Date: September 30, 2013	WIA BAR OF THE PETHASO) PH 2
Clerk of the Board of Supervisors County of Santa Barbara 105 East Anapamu Street Santa Barbara, CA 93101	영 왕	2: 20
RE: Committee, Commission or Board District Appointm	ient	
For placement on the Board of Supervisors agenda for the 2013	e meeting of: October	· 8,
I would like to recommend the \(\sum \) appointment/ \(\sum \) reappointment following person to the Montecito Board of Architectural		
Salutation:]Ms.	
Appointee will represent the First District on this commis	ssion.	

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

First District Supervisor: Salud Carbajal Signed by:

Position was formerly held by: Tony Spann

COB Information Verification					
	Letter of Resignation on file				
	Vacancy Notice on file				
Term:					
	years				
	Beginning date				
	Ending date				

APPLICATION FOR COUNTY OF SANTA BARBARA BOARD,

COMMISSION, OR COMMITTEE Return to: Clerk, Board of Supervisors County Administration Building 105 E. Anapamu Street, Room 407

Santa Barbara, CA 93101

ZOI3 SEP 30 PH 2: 20

COUNTY OF SANTA BARBARA COUNTY OF SANTA BARBARA COPY TO SUPERVISORS

INSTRUCTIONS: Please complete each item 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 maintained 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		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•		,
1. APPLYING FOR: (Use specific title) MBAL MEMBE	R			2. Today's Date:	_
3, NAME:		EDRGE	4. E-MAIL ADDR	RESS:	
6. ADDRESS:			5. TELEPHONE:	:	
	Sirael		Home:		_[
Number	311001		Business:		-17
Cily		Zip Code			
7. References: Give names and addresses on the involvement, and abilities.	of three persons, not relati		nowledge of your opening the number of the n	character, experience, commu- OCCUPATION	
A.BIU MAHAL	ADDRESS	T	1/3/12/10/1021	ARCHITECT	
BED LEHVIK				ARCHITECT	
CHAIME LIMON		<u>;</u> -		CITY OF S.B.	U SUPERI!
8. Are you or have you been employed by the	e County of Santa Barbar	a? D YES	No If YES, list:		
Department:		Title:		_ Date:	
9. Please check appropriate boxes (optional) Ethnic or racial identity: White Black (African American)	sex: Male ☐ Female		SPS COL	150E W/ WE DEOREE	
☐ Hispanic ☐ Asian/Pacific Islander ☐ Native American/Alaskan Native ☐ Other (Please specify)		11. Indicate S		receive a copy of this application	
12. EXPERIENCE: Please explain why you which you are applying. I HAVE OUER 40 YOUR COMMITTEE HELPING SANTA BABBAUT (IRS EXPER	LIENCE NE CON	GERUIL	IO ON DESIE	THE POL
13. ADDITIONAL INFORMATION: Give any community organization memberships, or per Attach additional sheets as necessary. PRILICENSED ARCHITT SERVED 13 FEAR SERVED 15 YEAR SERVED ± 4 YEAR SERVED ± 2 YEAR CURRENTLY PRESIDENCY RESIDENTLY BOARD COURRENTLY BOARD COUNTY SECURIZIONAL COUNTY SEC	PERSONAL INTERPOSE THAT BEAR ACTION OF B. B. CI S. S. B. CI S. MONTECI S. MONTECI S. MONTECI DENT OF S. MEMBER SA	on your applica YP CHITE I 1966 IT / AC TO A.F. AUTA AUTA AUTA On your applica TO A.F. AUTA AUTA TO AC TO AC AUTA TO AC AUTA TO AC AUTA TO AC TO AC TO AC AUTA TO AC TO	CTIN SA 5. (BATCI P-±19 DRIC LA I.C. (PPE SAL BOA BAPBAR	HITA PETERALA H. APCH CAL PA 11-1984 HOMAPKS CON HOMAPKS CON HOMAPKS CON HOMAPKS DIPECT A CONSERVANI TRUST FOR HIST	3116 190 0150) 015101 0161211
14. SIGNATURE OF APPLICANT		α	7		