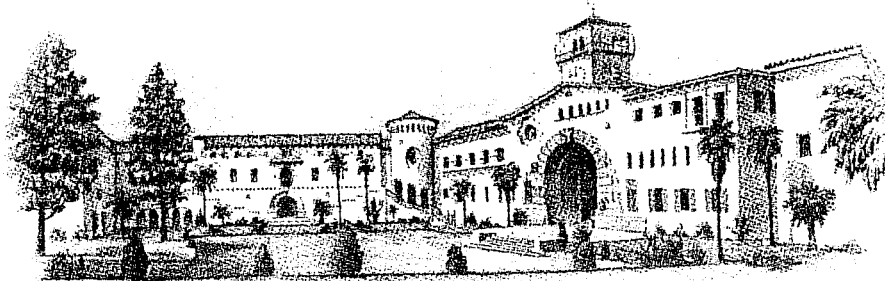


SALUD CARBAJAL
First District Supervisor

JEREMY TITTLE
Executive Staff Assistant

MARY ELLEN WYLIE
Administrative Assistant

ERIC FRIEDMAN
Administrative Assistant



BOARD OF SUPERVISORS

105 East Anapamu Street
Santa Barbara, California 93101

TELEPHONE: (805) 568-2186
FAX: (805) 568-2534

E-mail:
supervisorcarbajal@sbcbsos1.org

COUNTY OF SANTA BARBARA

Date: April 2, 2013

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

RE: Committee, Commission or Board District Appointment

For placement on the Board of Supervisors agenda for the meeting of: April 9,
2013

I would like to recommend the ☒ appointment/ ☐ reappointment of the
following person to the South Coast BAR:

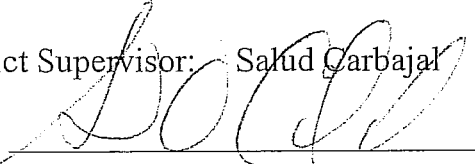
Salutation: ☒ Mr ☐ Mrs ☐ Ms.
Full Name of Appointee: Dylan Chappell
Address:
City/State/Zip:
Home Phone:
Work Phone:
E-mail:

Appointee will represent the First District on this commission.

Position was formerly held by:

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

First District Supervisor: Salud Carbajal

Signed by: 

COB Information Verification

- ☐ Letter of Resignation on file
- ☐ Vacancy Notice on file

Term:

☐ 4 years

☐ Beginning date _____

☐ Ending date
12/31/16

<div>APPLICATION FOR COUNTY OF SANTA BARBARA BOARD, COMMISSION, OR COMMITTEE</div> <div>Return to: Clerk, Board of Supervisors County Administration Building 105 E. Anaparniu Street, Room 407 Santa Barbara, CA 93101</div>		<div>DATE RECEIVED</div> <div><input type="checkbox"/> Copy to Supervisor</div>																
<div>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.</div>																		
<div>1. APPLYING FOR: (Use specific title)</div> <div>MBAR OR South County Board of Architectural Review 7th DIST</div>		<div>2. Today's Date:</div> <div>2/15/13</div>																
<div>3. NAME:</div> <div>CHAPPELL DYLAN CODY</div> <div>Last First Middle</div>		<div>4. E-MAIL ADDRESS:</div>																
<div>6. ADDRESS:</div> <div>Number Street City Zip Code</div>		<div>5. TELEPHONE:</div> <div>Home:</div> <div>Business:</div>																
<div>7. References: Give names and addresses of three persons, not relatives, who have knowledge of your character, experience, community involvement, and abilities.</div> <table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TELEPHONE NUMBER</th><th>OCCUPATION</th></tr></thead><tbody><tr><td>A. JEFF MELNICK</td><td></td><td></td><td>RESTAURANT OWNER</td></tr><tr><td>B. ERIN CARROL</td><td></td><td></td><td>LANDSCAPE ARCHITECT</td></tr><tr><td>C. TERRY IRWIN</td><td></td><td></td><td>ARCHITECT</td></tr></tbody></table>			NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION	A. JEFF MELNICK			RESTAURANT OWNER	B. ERIN CARROL			LANDSCAPE ARCHITECT	C. TERRY IRWIN			ARCHITECT
NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION															
A. JEFF MELNICK			RESTAURANT OWNER															
B. ERIN CARROL			LANDSCAPE ARCHITECT															
C. TERRY IRWIN			ARCHITECT															
<div>8. Are you or have you been employed by the County of Santa Barbara? <input type="checkbox"/> YES <input checked="" type="checkbox"/> No If YES, list:</div> <div>Department: Title: Date:</div>																		
<div>9. Please check appropriate boxes (optional):</div> <div>Ethnic or racial identity:</div> <div><input checked="" type="checkbox"/> White <input type="checkbox"/> Black (African American) <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other (Please specify)</div> <div>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</div>		<div>10. Education completed:</div> <div>SEE SUMMARY OF QUALIFICATIONS</div> <div>11. Indicate Supervisor who will receive a copy of this application:</div> <div>SUPERVISOR CARBAJAL'S</div>																
<div>12. EXPERIENCE: Please explain why you are interested in serving and what experience you bring to the Commission or Committee for which you are applying.</div> <div>SEE COVER LETTER</div>																		
<div>13. ADDITIONAL INFORMATION: Give any information explaining your qualifications, experience, training, education, volunteer activities, community organization memberships, or personal interests that bear on your application for above Board, Commission, or Committee. Attach additional sheets as necessary.</div> <div>SEE COVER LETTER & SUMMARY OF QUALIFICATIONS</div>																		
<div>14. SIGNATURE OF APPLICANT</div> <div></div>																		