AGENDA
HISTORIC DISTRICT COUNCIL
SPECIAL MEETING
JUNE 5, 2019
5:00 PM
CITY HALL COMMISSION CHAMBERS
204 ASH STREET
FERNANDINA BEACH, FL 32034

1. CALL TO ORDER / ROLL CALL / DETERMINATION OF QUORUM

2. NEW BUSINESS

2.1 **Discussion of Unsafe Structures and Emergency Demolition Procedures**

2.2 **Discussion of Other LDC Changes**

2.3 **Discussion of Issues Affecting Old Town**

3. BOARD BUSINESS

3.1 **Recommendation of Appointment of HDC Alternate #2 Seat**

4. PUBLIC COMMENT

5. ADJOURNMENT

All members of the public are invited to be present and be heard. Persons with disabilities requiring accommodations in order to participate in this program or activity should contact the City Clerk at (904) 310-3115 or TTY/TDD 711 (for the hearing or speech impaired). All interested parties may appear at said meeting and be heard as to the advisability of any action, which may be considered with respect to such matter. For information regarding this matter, please contact the Planning Department (904) 310-3135.

Advisory Board/Committee Application

This application is intended to provide information that will enable the City Commission to select the most qualified Board/Committee members. Please complete all applicable sections and return the form along with your current résumé to the City Clerk's Office.

City of Fernandina Beach
City Clerk's Office
204 Ash Street
Fernandina Beach, FL 32034
(904) 310-3115

Name	Annette Acosta
Home Mailing Street Address	22 South 2nd street
City	Fernandina Beach
Zip Code	32034
Primary Phone	9045575887
Secondary Phone	*Field not completed.*

Please note that board materials are distributed electronically.

Email to receive board materials	Midol51957@yahoo.com
Employer	Baptist Medical Center
Position Title	RN

Business Address	18th St
City	Fernandina Beach
Zip	32034
Select the board you are applying for:	Marina Advisory Board
Additional board that you are applying for:	Historic District Council
Why are you interested in serving on this Board? Please explain.	I currently live on 2nd street in the historical district and 1 block from the marina. I would like to become more involved with the processes that affect not only me but my neighbors in this community. My profession as a nurse predisposes me to being concerned about the welfare of others. Thanks for your consideration
Eligibility	
Are you a resident of the City?	Yes
Length of time:	6 years, in the county since 2009. I was born in the Humphreys hospital delivered by Dr Henry Bailey Dickens.
Do you hold a public office?	No
Office name:	*Field not completed.*

Are you employed by the City?	No
Position:	*Field not completed.*
Are you currently serving on a Board?	No
Board Name:	*Field not completed.*
Potential Conflict of Interest:	
Have you ever been engaged in the management/ownership of any business enterprise that has a financial interest with the City of Fernandina Beach?	No
If yes, please provide details:	*Field not completed.*
Major Affiliations:	
List community, professional, or other applicable policy-making Boards on which you have served. Note the length of service and office held (if any):	*Field not completed.*

Qualifications:

Please list any specific qualifications, education or experience that would directly relate to the Board for which you are being recommended:	*Field not completed.*
Organization or Commissioner sponsoring nomination (if applicable):	*Field not completed.*
Educational Background: (Check all that apply)	BS/A
Other:	*Field not completed.*
Major areas of study:	Nursing

Florida's Public Records Law, Chapter 119, Florida Statutes, states:

"It is the policy of this state that all state, county, and municipal records shall at all times be open for a personal inspection by any person." Your application when filed will become a public record and subject to the above statute. In addition, any appointed member of a board of any political subdivision (except members of solely advisory bodies) and all members of bodies exercising planning or zoning, are required to file a financial disclosure form (Form1) within 30 days after appointment and annually thereafter, for the duration of the appointment as required by Chapter 112, Florida Statutes

I understand that if I am appointed to one of the City's boards, I will be required to file a financial disclosure form - Form 1, as described above, and I am willing to comply with this requirement.

I understand that any false, incomplete or misleading information given by me on the application is sufficient cause for rejection of this application. I understand and agree that any such false, incomplete or misleading information discovered on this application at any time after appointment to a Board may result in my removal.

I also understand that all board appointments are for voluntary, uncompensated services. Additionally, if appointed, I am able to attend meetings and otherwise fulfill the duties of the office.

Applications are submitted to the City Commission when vacancies occur and are effective for two years from date of completion.

Do you understand the duties and responsibilities of the Board/Committee that you are applying for?	Yes

By submitting this form, I declare the foregoing facts to be true, correct, and complete.

Date	3/19/2019
Applicant's Signature	Annette Acosta