APPLICATION FOR COUNTY OF EL DORADO BOARD, COMMISSION, OR COMMITTEE

Return to: Clerk of the Board of Supervisors County Government Center 330 Fair Lane, Placerville, CA 95667 e-mail: edc.cob@edcgov.us

DATE RECEIVED

☐ Copy to Supervisor - District ___

			the Board of Supervisors' Office. This application shall be maintained for a ion for another year of eligibility. Please print in ink or type.
1. Board/Commission Apply	ring for:	******	2. Today's Date:
Building Department, According		ppeals	01/20/2012
3. Name:			4. E-Mail Address:
Gates	Garry	Joe	gatesengineering@gmail.com
Last	First	Middle	
5. Address:	11130	Tribaic	6. Telephone:
2850 Freshwate	er Lane		(530) 620-1620
Number Street	The second secon		Home
El Dorado		95623	(530) 620-1620
City		Zip Code	Business
7. Occupation/Title:			Employer:
Civil Engineer			(self)
8. List all County board, co	mmissions or commi	ttees of which you are i	now or have been a member. Indicate dates of service.
El Dorado County Building	Appeals Board (tin	ne unknown)	
9. Summary of qualificatio interest?)	ns related to group(s) listed above. (What ex	perience or special knowledge do you bring to your area of
I have been practicing civil years.	and structural engi	neering in El Dorado	County, and surrounding counties, for more than 30
10. Affiliations with professi	ional and/or commur	nity groups:	
SAGE (Surveyors, Archited	cts, Geologists & Er	ngineers of El Dorado	County); 30 years
11. Why do you seek appoir	itment?		
At request of Tom Burnett			
	memberships, or pe	rsonal interests that be	cations, experience, training, education, volunteer activities, ar on your application for above Board, Commission, or
			ures for new and existing construction.
13. Indicate Supervisor who	will receive a copy of	f this application:	

Appointees to Boards, Commissions or Committees are not considered to be County employees for purposes of benefits, such as

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

REVISED 1/6/2011 11:55 AM

Signature of Applicant

Workers Compensation, health insurance, etc.

Ray Nutting

You can save this completed application and attached to an email and send to edc.cob@edcgov.us

Date

Clear Form Spell Check Save Print
12-0203.A.1

01/20/2012

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9168518762

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330 Fair Lanc, Placerville, CA 95667
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Copy to Supervisor - District BRIGGS

e-mail: edc.cob@edcgov.us

UsgriuCtions; Please complete each item below. Be sure to enter the title of the Board, Commission, or Committee (anly one per application please) for which you desire consideration. For more complete information or assistance control to the Clerk of the Board of Supervisors' Office. This application shall be maintained for a desire consideration. For more complete information or assistance control to the Clerk of the Board of Supervisors' Office. This application shall be maintained for a desire consideration. For more complete information or assistance control to the Clerk of the Board of Supervisors' Office. This application shall be maintained for a desire consideration. For more complete information or assistance control to the Clerk of the Board of Supervisors' Office. This application shall be maintained for a desire consideration. For more complete information or assistance control to the Clerk of the Board of Supervisors' Office. This application shall be maintained for a desire consideration. For more complete information or assistance control to the Clerk of the Board of Supervisors' Office. This application shall be maintained for a desire consideration. For more complete information or assistance control to the Clerk of the Board of Supervisors' Office. This application shall be maintained for a desire consideration.

period of one year only. After one	AGBLIC is uncoasers	16 (fix a) store appropria	2. Today's Date:	24.5
1. Board/Commission Applying for:			01/20/2012	
Building/Access Board of Appeals	,		4. E-Mail Address:	
3. Name:		n 41 1 = 1		@yahoo.com
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Last	irst	Middle	F. Tolonboron	
5. Address:			5: Telephone: (530) 333-5:	110
4640 Tracy Lane	and the second s	Section 2011 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Annual Control of the	THE CONTRACTOR OF THE CONTRACT
Number Street			Home	200
Garden Valley	98	5633	(916) 851-88	595
City	Ziş	Cod:	Business	, , , , ,
7. Occupation/Title:			Employer:	
Diana Evaminar/Cartified Arress St	ecialist (CASp))	Bureau Veritas	
8. List all County board, commission	committees	of which you are n	ow of have been a men	iber. Indicate dates of service.
Eight years experience as ICC Cerreview. Additionally I just received 10. Affiliations with professional and Contract Plans Examiner for the Ci	confirmation the	roups:	miled Access Special	ential and commercial plant
11. Why do you seek appointment? I feel it is a great way to serve the owith the added benefit of helping the	community by h	elping to insure s	afe construction and a	accessibility for the disabled along to provide access while helping
them avoid costly litigation.				
12. Additional Information: Give any community organization membe Committee. Attach additional sh	rships, or person	al interests that be	tations, experience, trai ar on your application f	ining, education, volunteer activities for above Board, Commission, or
See item 11 above.				
: 				
13. Indicate Supervisor who will reco	ive a copy of this	s application:		
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Appointees to Boards, Commissions	or Committees at	re hat considered t	o be County employees	for purposes of benefits, such as
Workers Compensation, health insur	ence, etc.			
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Signature of Applicant			Date	

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You can save this completed application and attached to an amail and send to edc.cob@edcgov.us

Clear Form

Spell Check

Save

Print

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ppeals Nyatrom Dwayne Last Firk Modele Covelto Cir Number Street Shingle Springs Oty Occupation/Title: Busines List all County board, commissions or committees of which you are now or have been a member. Indicate dates of service. Summary of qualifications related to group(s) listed above. (What experience or special knowledge do you bring to your area of interest?) am a ob quadriplegic on the board for the Placerville mobility support group, working with local businesses on access. Additional information: Give any information explaining your qualifications, experience, training, education, volunteer activities community graphications with professional and/or community groups: Placerville mobility support group. California Pacific Medical Group SF. 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. The personal information is 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. The personal information is give any information explaining your qualifications, experience, training, education, volunteer activities community organization for above Board, Commission, or Committee. Attach additional sheets as necessary. The personal information is give any information explaining your qualifications or your application for above Board, Commission, or Committee. Attach additional sheets as necessary. The personal information is give any information explaining your qualifications, experience, training, education, volunteer activities community organization for above Board, Commission, or Committee. The personal information is give an	period of one year on Board/Commission Applyin			2. Today's Date:	
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Address: 3497 Covello Cir Number Street Shingle Springs Giv Zip Code Zip Code Employer: 3. List all County board, commissions or committees of which you are now or have been a member. Indicate dates of service. 3. Summary of qualifications related to group(s) listed above. (What experience or special knowledge do you bring to your area of interest?) am a ce quadriplegic on the board for the Placerville mobility support group. working with local businesses on access. 10. Affiliations with professional and/or community groups: Placerville mobility support group. California Pacific Medical Group SF. 11. Why do you seek appointment? Telp communications with business 12. Additional information: Give any information explaining your qualifications, experience, training, education, volunteer activities community organization memberships, or personal interests that beer on your application for above Board, Commission, or Committee. Attach additional sheets as necessary. 13. Indicate Supervisor who will receive a copy of this application: Iohn Knight Appointees to Boards, Commissions or Commisses are not considered to be County employees for purposes of benefits, such as Workers Compensation, health inqueries, etc. 13. Indicate Supervisor who will receive a copy of this application: Iohn Knight 14. Separature of patient.	•	·		The second secon	
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Signature of Applicant O1/20/2012 Date O2/2012	Placerville mobility support 11. Why do you seek appoint help communications with b 12. Additional Information: 0 community organization Committee. Attach addit	group. California Pac tment? susiness Sive any information ex memberships, or perso fonal sheets as necessa	ific Medical Group plaining your quall onal interests that b	ications, experience, training, education, volunteer act ear on your application for above Board, Commission,	tivities or
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