



**Cooper City Commission Meeting
Agenda Item Request Form**

Commission Meeting/Workshop Date: October 22, 2019

Requesting Department: Commissioner Meltzer

Subject: P&Z Appointment

Section:

Presentation

Consent

Regular

Discussion

Background and Recommendation (attach backup material to Item Request Form):

Please add Candace Coyne to the Planning & Zoning Board on the next available Commission Meeting agenda.

Thank you.

General Ledger Account Number(s) and Amount(s):

Approvals:

Finance Director _____ City Manager _____ City Clerk _____

RESOLUTION NO. 19-10-4

A RESOLUTION OF THE CITY OF COOPER CITY, FLORIDA, DESIGNATING AND APPOINTING MEMBERS TO THE PLANNING AND ZONING BOARD OF THE CITY OF COOPER CITY, FLORIDA; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the City of Cooper City has a duly constituted Planning and Zoning Board, created by Section 2-130 of the City Code; and

WHEREAS, a vacancy has occurred on said Board; and

WHEREAS, the City Commission is desirous of filling said vacancy.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF COOPER CITY, FLORIDA:

Section 1: That the following person is hereby appointed as a member of the Cooper City Planning and Zoning Board in accordance with the provisions of Section 2-130 of the City Code, for the term to coincide with the term of office of the appointing Commissioner as designated below:

BY:	APPOINTEE	TERM
Commissioner Meltzer	Candace Coyne	2022

Section 2: This Resolution shall be in force and take full effect immediately upon its passage and adoption.

PASSED AND ADOPTED this 22nd day of October, A.D., 2019.

GREG ROSS
Mayor

ATTEST:

KATHRYN SIMS
City Clerk

ROLL CALL

Mayor Ross	_____
Commissioner Curran	_____
Commissioner Green	_____
Commissioner Meltzer	_____
Commissioner Pulcini	_____



CITY OF COOPER CITY
CITIZENS RESOURCE SHEET

Please indicate the Board(s) for which you wish to be considered:

- Business Advisory Board
- Planning & Zoning Board
- Recreation Advisory Board
- Education Advisory Board
- Public Safety Advisory Board
- Senior Advisory Board
- Green Advisory Board

Please choose one:

- I wish to be considered by Commissioner Meltzer (please write in name)
- I wish to be considered by any member of the Commission

Date: 9/29/19
 Name: Cardace Coyne Email Address: CardyOblak@me.com
 Home Address: 10121 SW 50 Court Cooper City, FL 33331
 Cell #: 954-868-1482 Work #: _____ Home #: 954-680-9545
 Length of Residence in Cooper City 31 Years _____ Months
 Length of Time as Business Person in Cooper City _____ Years _____ Months

QUALIFICATIONS:

Please provide a brief statement outlining why you wish to serve on the applicable boards and/or committees selected. In addition, please attach copy of your resume or vita (optional): I believe I can be an asset to the Board in interpreting provisions in th zoning ordinances, making decisions regarding land use, variances to our community development.

Experience in Board Subject:

Related Work or Civic Affiliation: CCES - PTO Pres, SIT chair PMS, CCES Football Booster Club Pres
 College (if appropriate): Master of Science Human Services
 Field of Study: Counseling, Administration, Case Management
 Other professional or technical training (Name of school, course name, etc.): _____

DISCLOSURES:

1. Are you or any of your relatives presently employed by the City of Cooper City? No If yes, please state names and City departments/divisions: _____

2. Are you aware of any potential conflict of interest that may arise from your serving on City of Cooper City boards and committees? No If yes, please explain: _____

3. Do you have any unpaid or delinquent accounts, water bills, etc. owed to the City of Cooper City? No If yes, please list: _____

4. If you own property in the City of Cooper City, do you have any pending code violations and/or unpaid code fines related to such property? No If yes, please list: _____

5. Is there any other information that you would like to disclose in connection with this application? No If yes, please do so here: _____

Please affirm and acknowledge that you understand and agree to the following (mark each box):

- I understand that in accordance with Florida Sunshine Law, this information becomes public record and may be subject to public review.

- If appointed, I agree to faithfully and fully perform the duties of my appointment, will make every endeavor to serve my full term, and will comply with all laws and ordinances of the City of Cooper City, Broward County and the State of Florida, particularly those pertaining to the standards of conduct for public officers and related financial disclosure requirements, if applicable. I further agree to take the applicable statutory oath. I understand that if appointed, I must take the oath of office prescribed in the Florida Statutes.

- Misrepresentation of any information or qualifications given on this application may cause automatic removal from any board/committee.

Signature: Candace Coyne Date: 9/29/19