SUBDIVISION & DEVELOPMENT APPEAL BOARD (SDAB) & ASSESSMENT REVIEW BOARD (ARB)



(JOINT APPOINTMENT)

Phone Number: Email Addres: BACKGROUND INFORMATION Explain your reasons for applying to be on the Lacombe County Subdivision & Development Board Describe your knowledge and understanding of SDAB and ARB.	Name:		
	Address:		
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	Explain your reasons for ap	plying to be on the Lacombe County Sub	odivision & Development Board
	Describe vour knowledge :	and understanding of SDAR and ARR	
Describe the skills and experience you would bring to these Boards.		and understanding of 35/15 and 7(hb.	
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These Boards meet during the daytime (between 9:00 am and 4:00 pm). Please confirm your availability to meet during this time.
Board members are required to communicate and receive documents via email. Please confirm that you are able to receive documents electronically.
GENERAL INFORMATION
Work Experience
Community Interests and Activities

Leave the box unchecked if the statement does not apply to you.				
I am at least 18 years of age.				
I am able to attend hearings and complete the mandatory tra	I am able to attend hearings and complete the mandatory training during typical office hours.			
I have my own vehicle, or I am able to arrange for transportation to attend hearings in person, as required.				
I have my own computer operating system and software, or I required.	I have my own computer operating system and software, or I am able to arrange for use of one as required.			
I am able to work in a seated or standing position for extende	d periods of time.			
I understand that if I am a successful applicant:				
I am, at a minimum, required to attend mandatory a one-day course (additional optional training may be available).	I am, at a minimum, required to attend mandatory a one-day SDAB and a three-day ARB training course (additional optional training may be available).			
I am appointed for a two-year term.				
I understand that completing this application and submitting	it does not guarantee my appointment.			
I understand that an appointment as a board member does no guaranteed a certain number of hearings or working days	ot constitute employment, and I am not			
Name				
Signature Date Signed				

Confirm the following statements and using a checkmark, select the statements that apply to you.

Please submit all applications to info@lacombecounty.com or by mail at Lacombe County, RR #3, Lacombe, Alberta, T4L 2N3. Applications may also be dropped off at the County Office at 40403 RGE RD 274, Lacombe County, Alberta.

Lacombe County is collecting this personal information for the purposes related to the appointments of citizens representatives to the County's Boards. If you are appointed to these Boards by Council, your name may appear in publicly accessible information. The personal information on this form is collected under the authority of the Municipal Government Act and is protected under section 4 of the Protection of Privacy (POP) Act. If you have any questions about the collection, use and protection of this information, please contact the POPA/AITA Coordinator, RR #3, Lacombe, Alberta, T4L 2N3, (403) 782-6601.