



Historic Preservation Committee COMMITTEE FACT SHEET PART I

Please read the following carefully before completing Part II of this form.

The scope of the City of Elk Grove Historic Preservation Committee is as follows:

Specific Task or Objective:

- The duties and powers of the Historic Preservation Committee are established by and enumerated in Title 7 of the City of Elk Grove Municipal Code (enacted by Ordinance No. 15-2017). For more information Title 7 can be reviewed at: <http://www.codepublishing.com/CA/ElkGrove/>.

Note: This is a non-paid, volunteer position.

Committee Type: Standing

Composition:

- Five members and two alternates appointed by the Mayor, with the approval of the City Council.
- Members shall include persons who have demonstrated special interest, competence, experience, or knowledge in historic preservation;
- At least two members should possess a professional qualification meaning an individual with a degree in history, architecture, or archaeology, or individual who maintains a job/position paid or unpaid in history (including but not limited to history teacher, museum worker, curator, librarian or library worker, documentarian, or board member of a nonprofit that has a historical mission), architecture (including but not limited to architect, designer, surveyor, building inspector, planner, or engineer) or archeology (including but not limited to archaeologist, anthropologist, conservatist, cultural resource manager, national parks curator, geographer or GIS specialist);
- Each member shall be 18 years or older, reside within and be a registered voter of Elk Grove;
- City of Elk Grove staff may be considered for appointment provided that the job duties of the staff member do not conflict with the goals and responsibilities of the Committee.

Term: Members shall serve at the pleasure of the City Council with no maximum term that may be served by any individual member.

Appointing Authority: Members shall be appointed and vacancies filled by the Mayor, with the approval of the City Council.

Meetings: The Historic Preservation Committee meets the second Monday of each month at 6:00 p.m. in the City Council Chamber, 8400 Laguna Palms Way, Elk Grove.

Reporting: The Committee shall keep an accurate record of its proceedings and transactions and shall submit an annual report to the City Council.

For more information about the Historic Preservation Committee contact: Antonio Ablog at (916) 627-3335, email aablog@elkgrovecity.org.

Conflict of Interest Reporting: Members are subject to the laws governing conflicts of interest applicable to government officials.

Please return the completed, originally signed application to: Office of the City Clerk, 8401 Laguna Palms Way, Elk Grove, CA 95758

APPLICATION DEADLINE: July 17, 2024 by 5:00 p.m.

DETACH BEFORE SUBMITTING COMPLETED APPLICATION TO THE OFFICE OF THE CITY CLERK.



ADVISORY COMMITTEE APPLICATION APPLICANT BIOGRAPHICAL INFORMATION PART II

*Please retain Part I for reference and return the completed application, Part II, to the
Office of the City Clerk, 8401 Laguna Palms Way, Elk Grove, California 95758
by or before the application due date (July 17, 2024)*

Please be advised, that this form will become a public record subject to disclosure upon request under the California Public Records

BOARD/COMMISSION/COMMITTEE NAME: Act.

HISTORIC PRESERVATION COMMITTEE

NAME (First, Middle, and Last)

HOME ADDRESS (No. Street, City, State, and Zip)

Resident of Elk Grove

Registered Voter

Yes No

Yes No

EMAIL Address:

TELEPHONE (Home):

MAILING ADDRESS (if different from home address)

TELEPHONE (Business):

EMAIL ADDRESS:

EMPLOYER NAME (Optional)

EMPLOYER ADDRESS (Optional)

PRESENT OCCUPATION OR TITLE:

PLEASE STATE THE REASON(S) YOU WOULD LIKE TO BE, AND YOUR QUALIFICATION(S) TO BE, A MEMBER OF THIS BOARD/COMMISSION/COMMITTEE:

HAVE YOU SERVED ON AN ADVISORY GROUP BEFORE? IF YES, PLEASE EXPLAIN:

IF APPOINTED, WILL YOU BE ABLE TO ATTEND MEETINGS REGULARLY AND DEVOTE THE TIME NECESSARY TO FULFILL YOUR DUTIES AS A MEMBER?

DO YOU OR IMMEDIATE FAMILY MEMBERS HAVE ANY RELATIONSHIP (PROFESSIONAL, FINANCIAL, OTHER) THAT MAY PRESENT A POTENTIAL CONFLICT OF INTEREST FOR THIS ADVISORY GROUP? ____ YES ____ NO IF YES, PLEASE EXPLAIN:

BACKGROUND INFORMATION

A resume reflecting experience, community activities, or other qualifications not listed below may be attached in order to assist the Council in evaluating your application (OPTIONAL)

I DECLARE, UNDER PENALTY OF DISQUALIFICATION AND TERMINATION, THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE

DATE