

Builder

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS BOARD APPOINTMENT SUMMARY

Meeting Date: August 21, 2007					
Department: Submitted By: Office of Financial Management & Budget					
Advisory Board Name: <u>Impact Fee Appeals Board</u>					
I. Executive Brief					
Motion and Title: Staff recommends motion to approve: the reappointment of the					

following individuals who have expressed an interest in continuing to serve on the Impact

NomineeSeat No.RequirementRichard Sapir1AttorneyThomas Workman4Accountant

Fee Appeals Board for the time period September 1, 2007 – August 31, 2010.

Summary: The Impact Fee Appeals Board is composed of five members. The membership of the board includes one traffic engineer, one accountant, one attorney, one representative of the general public and one developer/builder. Impact Fee Appeals Board members must be qualified electors of Palm Beach County at least two years prior their appointments. The current terms of these members have already expired. This agenda item provides for the reappointment of these members to three-year terms that will expire August 31, 2010. The terms of the remaining members of this board are still active.

Countywide (LB)

Richard Kleisley

Background and Policy Issues: Article 17 of the Unified Land Development Code provides for an Impact Fee Appeals Board. The Impact Fee Appeals Board has the following powers and duties:

- 1. To hear and decide appeals from decisions of the Impact Fee Manager on independent calculation studies pursuant to Article 13, Impact Fees.
- 2. To hear and decide appeals from an interpretation of the Impact Fee Manager on Article 13, Impact Fees.

Attachments:	
Advisory Board Nominee Information Forms	
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Recommended by: / Ward / Color	8/1/2007
Department Director ()	Date /
Approved By:	8/1/07
Assistant County Attorney	Daté

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of	Fiscal 1	Impact:			
Fiscal Years Capital Expenditures	<u>2007</u> <u>-0-</u>	<u>2008</u> 	2009 -0-	<u>2010</u> 	<u>2011</u> <u>-0-</u>
External Revenues	<u>-0-</u>	0-	<u>-0-</u>	-0-	_0-
Program Income (County) In-Kind Match (County)	-0-	<u>-0-</u>	<u>-0-</u>	-0- -0-	<u>-0-</u>
NET FISCAL IMPACT	0-		0	-0-	<u>-0-</u>
# ADDITIONAL FTE POSITIONS (Cumulative)0-	0-			0-
Item Included In Current	Budget?	Yes	Nо		
Budget Account No.: Fund Object		Agency	Org		
	rting Cat	cegory			
B. Recommended Sources	of Funds	s/Summary	of Fisca	l Impact:	
C. Departmental Fiscal	Review:				
II	I. <u>REVIE</u>	W COMMENT	<u>'S</u>		
A. OFMB Fiscal and/or No fiscal impact.	Contract	Administr	ation Con	uments:	
Comment	Ch 101	Cont	ract Admi	inistratio	<u></u>
B. Legal Sufficiency:					
Assistant County A	ttorney				
C. Other Department Re	view:				

This summary is not to be used as a basis for payment.

Department Director

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS ADVISORY BOARD NOMINEE INFORMATION FORM

Part I:

Term of Appointment: 3 Years. From: 09/01/2007 To: 08/31/2010 Seat Requirement: Attorney Seat #: 1 [X]*Reappointment or [] New Appointment or [] New Appointm	Board Name: _Impact]	Fee Appeals Board						_
Seat Requirement: Attorney	[X] At Large Ap	ppointment or		[] District	Appoir	ntment		
[X]*Reappointment or [] New Appointment or [] to complete the term of Completion of term to expire on: Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT Name: Sapir Richard Last First Middle Altorney Occupation/Affiliation: M. Richard Sapir, P.A. 712 U.S. Hwy. One, Ste 400 Business Address: City & State Zip Code: Home Phone: () Business Phone: () Ext. Cell Phone: () Fax: () Email Address: Malling Address preference: [X] Business Address [] Residence Minority Identification Code: [] IF (Native-American Female) [] IM (Native-American Indian Male) [] AF (Asian-American Female) [] BM (African-American Male) [] HF (Hispanic-American Female) [] BM (African-American Male) [] HF (Hispanic-American Female) [] HM (Hispanic-American Male) [] HF (Hispanic-American Female) [] HM (Hispanic-American Male) [] HF (Caucasian Female) [] HM (Hispanic-American Male) [] HF (Commissioner Female) [] HM (Hispanic-American Male) [] HF (African-American Female) [] HM (Hispanic-American Male) [] HF (African-American Female) [] HM (Hispanic-American Male) [] HF (Hispanic-American Female) [] HM (Hispanic-American Male) [] HF (African-American Female) [] HM (Hispanic-American Male) [] HF (African-American Female) [] HM (Hispanic-American Male) [] HF (Hispanic-American Female) [] HM (Hispanic-American Male) [] HF (African-American Female) [] HM (Hispanic-American Male) []	Term of Appointment:	3 Years.	From:	09/01/2007	<u>.</u>	To: <u>08/31/2</u>	2010	
or [] to complete the term of to: Completion of term to expire on: Part III: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT Name: Sapir Richard Last First Middle Attorney Occupation/Affiliation: M. Richard Sapir, P.A. Business Name: 712 U.S. Hwy. One, Ste 400 Business Address: North Palm Beach, FL Zip Code: Residence Address: City & State Zip Code: Home Phone: () Business Phone: () Ext. Cell Phone: () Fax: () Email Address: Mailing Address preference: [X] Business Address [] Residence Minority Identification Code: [] IF (Native-American Female) [] AM (Asian-American Indian Male) [] BF (African-American Female) [] BM (African-American Male) [] HF (Hispanic-American Female) [] HM (Hispanic-American Male) [] HF (Hispanic-American Female) [] HM (Hispanic-American Male) [] WF (Caucasian Female) [] HM (Hispanic-American Male) [] WM (Caucasian Male) Part III: COMMISSIONER COMMENTS Appointment to be made at BCC Meeting on: 08/21/2007 *When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.	Seat Requirement: Atto	orney				Seat #: _1		
term of completion of term to expire on: Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT	[X]*Reappointm	ent or		[] New Ap	pointm	ent		
Name: Sapir Richard Last First Middle Attorney Occupation/Affiliation: M. Richard Sapir, P.A. Business Name: 712 U.S. Hwy. One, Ste 400 Business Address: North Palm Beach, FL Zip Code: Residence Address: City & State Zip Code: Home Phone: () Business Phone: () Ext. Cell Phone: () Fax: () Email Address: Mailing Address preference: [X] Business Address [] Residence Minority Identification Code: [] IF (Native-American Female) [] M (Native-American Indian Male) [] JBF (Afican-American Female) [] AM (Asian-American Male) [] JBF (Afican-American Female) [] M (Afican-American Male) [] JBF (Hispanic-American Female) [] HM (Hispanic-American Male) [] WF (Caucasian Female) [] HM (Hispanic-American Male) [] WF (Caucasian Female) [] HM (Hispanic-American Male) [] WF (Caucasian Female) [] HM (Hispanic-American Male) [] WF (Caucasian Female) [] HM (Hispanic-American Male) [] WF (Caucasian Female) [] HM (Hispanic-American Male) [] WF (Caucasian Female) [] WF (Cauca	term of Completion of term to	the			[]:	resignation	[] oth	er
Last First Middle	Part II: APPLIC	ANT, UNLESS EXEM	(PTED, M	UST BE A C	OUNT	Y RESIDEN	T	
Occupation/Affiliation: M. Richard Sapir, P.A. Business Name: 712 U.S. Hwy. One, Ste 400 Business Address: North Palm Beach, FL 33408 Zip Code: Residence Address: City & State Zip Code: Home Phone: () Business Phone: () Ext. Cell Phone: () Fax: () Email Address: Malling Address preference: [X] Business Address [] Residence Minority Identification Code: [] IF (Native-American Female) [] IM (Native-American Indian Male) [] JAF (Asian-American Female) [] AM (Asian-American Male) [] JBF (African-American Female) [] BM (African-American Male) [] IHF (Hispanic-American Female) [] HM (Hispanic-American Male) [] WF (Caucasian Female) [] HM (Hispanic-American Male) [] WF (Caucasian Female) [] HM (Caucasian Male) Part III: COMMISSIONER COMMENTS Appointment to be made at BCC Meeting on: 08/21/2007 *When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners. Number of previously disclosed voting conflicts during the previous term	Name: Sapir		Richa					_
Occupation/Affiliation: M. Richard Sapir, P.A.		Last		First		N	liddle	
Business Name: T12 U.S. Hwy. One, Ste 400	Occupation/Affiliation:	Attorney						
Business Address: North Palm Beach, FL 33408 City & State Zip Code:	Business Name:	M. Richard Sapir, P.A	A .					
City & State Residence Address: City & State Zip Code: Home Phone: () Business Phone: () Ext. Cell Phone: () Fax: () Email Address: Mailing Address preference: [X] Business Address [] Residence Minority Identification Code: [] IF (Native-American Female) [] IF (Native-American Female) [] AF (Asian-American Female) [] BF (African-American Female) [] BF (Hispanic-American Female) [] HF (Hispanic-American Female) [] HF (Hispanic-American Female) [] WF (Caucasian Female) [] WF (Cauca	D ' A11	712 U.S. Hwy. One,	Ste 400					
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Mailing Address preference: [X] Business Address [] Residence Minority Identification Code: [] IF (Native-American Female)	Cell Phone: ()	Fax:	-	()			
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[] IF (Native-American Female) [] IM (Native-American Indian Male) [] AF (Asian-American Female) [] AM (Asian-American Male) [] BF (African-American Female) [] BM (African-American Male) [] HF (Hispanic-American Female) [] HM (Hispanic-American Male) [] WF (Caucasian Female) [X] WM (Caucasian Male) Part III: COMMISSIONER COMMENTS Appointment to be made at BCC Meeting on: 08/21/2007 *When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners. Number of previously disclosed voting conflicts during the previous term	Mailing Address prefer	ence: [X] Business A	Address [] Residence				
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Number of previously disclosed voting conflicts during the previous term	Appointment to be made	at BCC Meeting on:	08/21/2	007				
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	Number of pre	viously disclosed voting	g conflicts	during the pro	evious t	erm		
Signature: Date:	Signature:			Date	e:		_	

Pursuant to Florida's Public Records Law, this document may be reviewed and photocopied by members of the public.

Revised 6/2007

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS ADVISORY BOARD NOMINEE INFORMATION FORM

Part I:

Board Name: <u>Impact</u>	Fee Appeals Board		
[X] At Large A	ppointment or	[] District	t Appointment
Term of Appointment:	3 Years. Fi	rom: <u>09/01/2007</u>	To: <u>08/31/2010</u>
Seat Requirement: Acc	countant		Seat #: _4
[X]*Reappointm	nent or	[] New Ap	ppointment
or [] to complete term of Completion of term to expire on:	the	Due to:	[] Resignatio [] other
Part II: APPLIC	ANT, UNLESS EXEMPT	ED, MUST BE A C	COUNTY RESIDENT
Name: Workman		Thomas	
-	Last	First	Middle
Occupation/Affiliation:	Accountant		
- -	Thomas Workman & Ass	sociates	
Business Name:	P. O. Box 81-1117		
Business Address:	1. O. DOX 81-1117		
City & State	Boca Raton, FL	Zi ₁	33431 p Code:
Residence Address:			
City & State		Zi	p Code:
TT DI			
Home Phone: ()	Business Phone:	(561)393-8220 Ext.
Cell Phone: ()	Fax:	()
Email Address:	100 000		
Mailing Address prefer	rence: [X] Business Add	ess [] Residence	, · · · · · · · · · · · · · · · · · · ·
Minority Identification [] IF (Native-America [] AF (Asian-America [] BF (African-Americ [] HF (Hispanic-Ameri [] WF(Caucasian Female	n Female) [] IN n Female) [] Al an Female) [] Bl can Female) [] HN	1 (Native-American M (Asian-American M (African-America M (Hispanic-Americ M (Caucasian Male	Male) an Male) an Male)
Part III: COMMISSI	ONER COMMENTS		
Appointment to be made	e at BCC Meeting on:	08/21/2007	
	ng considered for re-appoilered by the Board of Cou		er of previous disclosed voting
Number of pre	viously disclosed voting co	nflicts during the pr	revious term
Signature: Pursuant to Florida's Publi	ic Records Law, this documer	Dat	e:

and photocopied by members of the public.

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS ADVISORY BOARD NOMINEE INFORMATION FORM

Part I:

Board Name: Impact	Fee Appeals Board	·		
[X] At Large Ap	ppointment	or	[] District Appo	intment
Term of Appointment:	3 Years.	From:	09/01/2007	To: 08/31/2010
Seat Requirement: Bui	der		·	Seat #: _5
[X]*Reappointm	ent	or	[] New Appoints	ment
or [] to complete term of Completion of term to expire on:	the		Due [] to:	Resignatio [] other
Part II: APPLIC	ANT, UNLESS EX	EMPTED, M	UST BE A COUNT	TY RESIDENT
Name: Kleisley		Richa	ard	
	Last		First	Middle
Occupation/Affiliation:	Builder RNK & Associate	a Ino	···	
Business Name:				
Business Address:	19794 Loxahatche	ee Pointe Driv	e	
City & State	Jupiter, FL		Zip Code	33458 e:
Residence Address:				
City & State			Zip Code):
Home Phone: (56	61)575-6603	Busir	ness Phone: (561) Ext.
Cell Phone: ()	Fax:	()	
Email Address:				
Mailing Address prefer	ence: [X] Busines	ss Address [] Residence	
Minority Identification [] IF (Native-American) [] AF (Asian-American) [] BF (African-American) [] HF (Hispanic-American) [] WF(Caucasian Females)	n Female) Female) an Female) can Female)	[] AM (Asi [] BM (Afr [] HM (Hisp	ve-American Indiar an-American Male) ican-American Mal panic-American Ma ucasian Male)) e)
Part III: COMMISSION	ONER COMMEN	ΓS		
Appointment to be made	at BCC Meeting on	n: <u>08/21/2</u>	.007	
*When a person is bein conflicts shall be consid				revious disclosed voting
Number of pre	viously disclosed vo	ting conflicts	during the previous	sterm
Signature:			Date:	
Pursuant to Florida's Publi and photocopied by memb		ocument may b	e reviewed Rev	rised 6/2007