



**County of Mariposa**

5100 Bullion Street  
P.O. Box 784  
Mariposa, CA 95338

(209) 966-3222

Application for Appointment to Mariposa County  
**BOARDS, COMMISSIONS AND COMMITTEES**

<http://www.mariposacounty.org/index.aspx?NID=119>

**Name of Board, Commission or Committee for which you are applying:**

**Supervisorial District in which you Reside:**

**Length of Residency in the County:**

**First Name:**

**Last Name:**

**Mailing Address:**

**Email Address:**

**Are you Over 18 Years of Age:**

**Employment Status:**

**Employer's Name:**

**Employer's Address:**

**Day Telephone Number:**

**Cell Phone Number:**

**Please explain why you wish to serve on this Board/Commission/Committee:**

**Please list prior/current appointments to other Boards/Commissions/Committees:**

**INSTRUCTIONS**

*Completely fill out this form, sign and return to:*

Clerk of the Board  
5100 Bullion Street  
P.O. Box 784  
Mariposa, CA 95338

**NOTE: THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION**

List any information regarding experience, training and/or education that you feel qualifies you for this position:

Do you, or any member of your immediate family, work for the County of Mariposa or hold a position that might conflict with your duties for this Board/Commission?

If Yes, please explain:

Resumé  
Attached:

Time(s) you have available to attend meetings (days, evenings, etc.):

Do you have transportation?

***PLEASE NOTE that once submitted, this document becomes a public record and is subject to all forms of public inspection including, but not limited to, display on the internet, and all public records requests.***

I certify that the above information is true and correct, and I authorize the verification of the information in this application in the event I am a finalist for the appointment.

Dated:

Signature:

**NOTE: THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION**



**Mariposa County  
Planning Department**

P.O. Box 2039  
Mariposa, CA 95338-2039  
(209) 966-5151 / Fax (209) 742-5024

**SUPPLEMENTAL QUESTIONNAIRE FOR  
CODE COMPLIANCE ADVISORY COMMITTEE (CCAC)  
MEMBERSHIP APPLICATION**

Name:	Email address:
Mailing address:	Telephone:
Street (physical) address:	City, State & Zip:

**Supplemental Questions- please respond to the following questions to help us evaluate your qualifications for this committee.**

**1. Why are you interested in being appointed to the CCAC?**

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**2. Do you agree with the purpose and tasks of the CCAC, which are to:**

- a. Develop recommendations for innovative public policy and programs that address residents' needs while also mitigating alleged violations.  Yes  No
- b. Develop recommendations to the Board of Supervisors for an effective code compliance process and program.  Yes  No
- c. Support the work of staff in the conduct of fact finding and data gathering necessary to the CCAC to develop informed recommendations.  Yes  No

- d. Provide periodic assessment and evaluation of, and feedback to the Board of Supervisors regarding the success of an amended code compliance process and programs.  Yes  No

If you answered “No” to any of the above, please explain why:

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**3. If you are appointed as a member of the CCAC, do you accept the following established responsibilities:**

- a. Review and understand local government structure (including but not limited to the roles and the authority of, and the relationships between the public, a citizens’ advisory committee, staff, the Planning Commission and the Board of Supervisors).  Yes  No
- b. Review and understand existing Mariposa County Code provisions, including provisions for the Mariposa Planning Agency and code compliance, as well as adopted County policies related to code compliance.  Yes  No
- c. Review, understand and comply with the state’s Ralph M. Brown Act (Brown Act) requirements.  Yes  No
- d. Review and understand state law requirements for code compliance activities at a local level.  Yes  No
- e. Review and understand due process requirements.  Yes  No
- f. Review and understand current county code compliance cases, including the status of current cases, why certain cases aren’t being resolved, the typical compliance issues, etc.  Yes  No
- g. Review and learn about what other similar or neighboring jurisdictions do for code compliance.  Yes  No
- h. Determine if there are other ways to make the current processes and programs more effective, which, in addition to code amendments could include innovative ways to assist residents using resources such as, but not limited to volunteer efforts, community organizations, grants or other funding sources.  Yes  No

If you answered “No” to any of the above, please explain why:

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**4. Do you have any skills or special knowledge you could contribute to the CCAC efforts? What are those?**

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**5. Are you able to devote time to attend meetings? Meetings may be conducted remotely or in person.**

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**6. Are you able to devote time to review meeting packets ahead of meetings?**

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**7. Is there any other information you'd like to share regarding your interest in being on this advisory committee?**

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_