## **CITY OF PENSACOLA, FLORIDA**

## **NOMINATION FORM**

$I_{n}$ $A_{n}$ $A_{n}$ , do no	
	(Nominee)
412 E Jackson St (01)	813-841-0342
(Home Address)	(Phone)
301 W. Cervontes St. (01)	
(Business Address)	(Phone)
sissonarch@gmail.com	City Resident: YES NO
(Email Address)	Property Owner within the City: YES NO
for appointment by the City Council for the position of:	
PRIMARY ARCHITECT ADVISOR COMMUNITY REDEVELOPMENT AREA URBAN DESIGN OVERLAY STANDARDS ABBREVIATED REVIEW PROCESS (Two year term expiring 5/31/2024)	
Provide a brief description of nominee's qualifications:	
see attached resurre	
see with the	
	an Hill
	City Council Member
I hereby certify that the above nomination was submitted to my office within the time limitations prescribed by the Rules and Procedures of Council.  Author Burnett, City Clerk	