# **Contact Information:**

Name: Roger Cope

Home Address: 119 MacFarlane Drive Delray Beach Florida 33483

Cell Phone: (561) 789-3791

Email: copearchitectsinc@gmail.com

Occupation: Historic Preservationist/Architect

Business Name: Cope Architects, Inc.

Business Address: 701 SE 1st Street Delray Beach Florida 33483

NOTE: Your responses or disclosures are public records intended to assist the City Commission in considering an applicant for appointment/re-appointment to a City board or committee and will not result in the automatic disqualification. Complete and accurate responses should be provided.

# QUALIFICATIONS - Please select all that apply:

Are you a Delray Beach resident? Yes

# If yes, how long have you been a resident of the City of Delray Beach?

31 years

Do you own a business, or are you an officer, director, or manager of a business in Delray Beach? Yes

If yes, how long? 31 years

Do you own property in Delray Beach? Yes

**If yes, please explain:** My homestead and a historic site as well

Are you a registered FL voter? Yes

Are you a vendor or employed by a vendor that does business with the city? No

# If yes, please explain:

\*\*SKIPPED\*\*

Are you a lobbyist or employed by a lobbyist, as defined in the Palm Beach County Registration Ordinance? No

# If yes, please explain:

\*\*SKIPPED\*\*

Have you attended any Delray Beach Commission or Advisory Board Meetings? Yes

## If yes, please list which meetings:

HPB, SPRAB, Code Enforcement, City Commisions,

Do you (or any entity in which you have a controlling interest) have any pending code enforcement cases or unpaid, certified code enforcement fines relating to property in the city that is owned or rented by you (or any entity in which you have a controlling interest)?

Do you (or any entity in which you have a controlling interest) have any delinquent accounts with the City or owe any monies to the City? Yes

# If yes, please explain:

#### Code Enforcement lien

Have you ever been found to have violated, or had a complaint filed against you alleging a violation of the Florida Code of Ethics for public officers and employees, Palm Beach County Code of Ethics (or any other ethics code)? No

# If yes, please explain:

\*\*SKIPPED\*\*

Have you ever had any complaint(s) or action(s) filed against your State certification or license? No

#### If yes, please explain:

\*\*SKIPPED\*\*

## **INTERESTS & EXPERIENCES**

Briefly describe why you wish to serve as a member of the 2035 Vision Steering Committee and how your personal experience and background relate: I offer my time and energy to contribute to a steering committee to make Delray Beach a formidable local municipal government into the next decade and beyond! I have been appointed to serve on the Code Enforcement Board, HPB, SPRAB (Chairman), have also served on a City Manager's Task Force (to promote Historic Preservation), I am a member of The Preservation Trust, I have been awarded many HPB & SPRAB design awards, and I hope to serve The City in continuing and positive ways!

## EDUCATIONAL BACKGROUND:

5 year College Degree

### University(s) attended: Texas Tech University

Texas Tech Oniversity

**Degree(s) received:** Bachelor Degree with an Architectural Design Specialization

Major area of study: Architecture & Urban Design

Upload your resume: \*\*SKIPPED\*\*

### **Terms Of Acceptance**

Applications are kept on file in the City Clerk's Office for a period of two years.

Applicants may supplement their application with a resume or other information relevant to their qualifications.

## DECLARATION OF PERSONAL INFORMATION EXEMPTION:

Personal information provided in this application is public information unless the applicant qualifies for an exemption pursuant to Florida Statutes. You are encouraged to thoroughly read the applicable sub-sections of F.S. 119.0 71 (<u>http://www.leg.state.fl.us/Statutes/index.cfm?App\_mode=Display\_Statute&URL=0100-0199/0119/Sections/0119.071.html</u>).

If you qualify for an exemption, please indicate below which statutory provision you are citing for the exemption. If you qualify, your address and phone number are protected information.

My address and telephone number are statutorily exempt from public disclosure:

## If yes, pursuant to which sub-section of F.S. 119.071?

# \*\*SKIPPED\*\*

Please agree with the following statement: I understand the duties and responsibilities of the committee for which I am applying. By signing below, I warrant the truthfulness and accuracy of the information provided in this application. I Agree

E-Signature of Applicant: Roger Cope

## Date:

04/24/2025

Please agree with the following statement: I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

I acknowledge and agree