

**FOR IMMEDIATE RELEASE**

March 14, 2022



Kevin Keller, Public Relations Director  
[kkeller@copperascovetx.gov](mailto:kkeller@copperascovetx.gov)  
Fax: (254) 542-8965

508 South 2<sup>nd</sup> Street  
Copperas Cove, Texas  
Phone: (254) 547-4221

### **Building Codes Board of Adjustments and Appeals**

Copperas Cove, Texas – The City of Copperas Cove is accepting applications to fill positions on a newly created Building Codes Board of Adjustments and Appeals. The purpose of the City Council Appointed Advisory Body is to hear and decide appeals of orders, decisions or determinations made by the Building Official or Fire Marshal relative to the application and interpretation of the technical provisions of the building, fire and technical codes adopted by the City. The board shall have no authority relative to interpretation of the administrative provisions of the codes.

The advisory body will consist of seven members, appointed to four-year staggered terms. It is the intent of the City Council that the board members shall, by reason of diversity of their individual areas of expertise, constitute a board which is broadly representative of various fields of building construction and building standards. Consideration will be given to persons who are qualified by experience and training to pass on matters pertaining to building construction, mechanical design, plumbing systems or electrical systems, or who have practical experience in matters relating to building construction or value such as a mortgage banker or licensed real estate agent. Meetings shall be held when required to carry out the established duties. For additional information, we encourage potential applicants to review Ordinance No. 2021-47, which is attached or may be found online at:

[https://www.copperascovetx.gov/files/city\\_secretary/ordinances/2021/2021-47.pdf](https://www.copperascovetx.gov/files/city_secretary/ordinances/2021/2021-47.pdf)

Applications are available at 914 South Main Street, Suite D, or on the City website, [www.copperascovetx.gov](http://www.copperascovetx.gov) under “Forms and Applications”. The position vacancies will be advertised through April 12, 2022. Completed applications must be submitted to the office of the City Secretary by the submittal deadline, April 22, 2022 at 5pm, for consideration.

For further information please contact City Secretary Lisa Wilson at [lwilson@copperascovetx.gov](mailto:lwilson@copperascovetx.gov) or (254) 547-4221.

(Application and Ord. No. 2021-47 Attached)

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## City Council Appointed Advisory Body Application

When completing the application, please attach a copy of your photo ID that includes your DOB and address. Please submit completed application to the City Secretary's Office – 914 South Main Street Copperas Cove, Texas 76522 or email to Lisa Wilson at [lwilson@copperascovetx.gov](mailto:lwilson@copperascovetx.gov).  
For further information call (254)547-4221.

**“X” This symbol indicates that a digital or physical signature is required to process the application.**

Advisory Body Preference 1: \_\_\_\_\_

Advisory Body Preference 2: \_\_\_\_\_

Full Name: \_\_\_\_\_ City Resident: \_\_\_\_\_ years  
First Middle Last

Residential Address: \_\_\_\_\_  
Street Name City State Zip Code

Primary Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License State/Number: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street Name City State Zip Code

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

Experience or special knowledge applicable to the Copperas Cove Advisory Body function:

Civic Activities and/or Professional Affiliations:



**BACKGROUND HISTORY STATEMENT:** Are you currently or have you *ever* been party to any misdemeanor or felony criminal matter (other than minor traffic violations for which no arrest was made), in which you were charged, convicted, fined, served probation, participated in deferred adjudication or other program to avoid conviction, or made restitution or participated in pre-trial diversion or other program to avoid prosecution? *(Conviction will not automatically disqualify applicant)*

No: \_\_\_\_\_ Yes: \_\_\_\_\_ If yes, please explain:


**NOTE:** Please carefully read the following statements. After you have read the statements, please sign and date in the space provided below.

I understand that in the course of my work experience I may come into contact with confidential records and information. I agree to maintain the confidentiality of those materials and guard the private nature of that information, and to disclose such information only on a need to know basis.

I understand and certify the information contained in this application or other material provided to the City of Copperas Cove, and in any oral statement made by me are true and correct. I have not omitted any information and understand false or misleading information given in my application, resume or interviews will disqualify me from further consideration. I understand information disclosed in this process may be disclosed in public meetings and/or may be made available to the public.

I authorize investigation of all statements contained herein and authorize the references I have listed to provide the City of Copperas Cove any and all information concerning information they may have on me, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to the City of Copperas Cove.

I further authorize the City of Copperas Cove to conduct a criminal history background investigation as part of this Advisory Body application process. I also agree to provide the City of Copperas Cove with any other authorization or release necessary to complete the required criminal history background investigation to determine my suitability to serve in this capacity.

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



**REFERENCES:** Please provide reference information for three individuals, excluding relatives or past employers.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Residential Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Residential Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Residential Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Residential Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Residential Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

**PARENT / GUARDIAN CONSENT:** Please complete only if 17 years of age or younger.

\_\_\_\_\_ has my permission to volunteer for the City of Copperas Cove. I understand that as a volunteer \_\_\_\_\_ will not receive a financial reimbursement, however his/her services will be considered as regular work experience and that he/she will be expected to dress and conduct himself/herself professionally.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Residential Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**DPS COMPUTERIZED CRIMINAL HISTORY (CCH) VERIFICATION  
(AGENCY COPY)**

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

**APPLICANT or EMPLOYEE NAME (Please print)**

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual’s criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us/Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/Review%20of%20Personal%20Criminal%20History) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)



\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

City of Copperas Cove  
\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please:</b>	
<b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Empl ___	Vol/Contractor ___ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	



**RELEASE OF LIABILITY & INDEMNIFICATION  
FOR VOLUNTEER WORKERS**

I, \_\_\_\_\_, acknowledge the contagious nature of Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that the City of Copperas Cove or "City" has put in place preventative measures to reduce the spread of Coronavirus/COVID-19. I further acknowledge that the City cannot guarantee that I will not become infected with Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City Staff, patrons of City services and their respective families. I voluntarily seek to volunteer my services to the City and acknowledge that I may be increasing my risk to exposure to Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while volunteering my services.

I attest that:

- I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- No member of my household tested positive for Coronavirus/COVID-19 in the past 30 days and/or is currently under medical ordered evaluation or isolation for Coronavirus/COVID-19.
- I have not traveled internationally within the last 14 days.
- I do not believe anyone in my household or I have been exposed (spent longer than 6 minutes within 6 feet of someone who was sick with a fever and cough) to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19 within the past 14 days.
- I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.
- I am following CDC recommended guidelines and limiting my exposure to Coronavirus/COVID-19.
- I will notify the City if anything listed above changes during my tenure as a volunteer with the City.

I hereby release and agree to hold the City harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the City, or that may otherwise arise in any way in connection with any services provided to the City. I understand that this release discharges the City from any liability or claim that I, my heirs, or any personal representatives may have against the City with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services provided to the City. This liability waiver and release extends to the City together with all employees. **The signature of a Parent/Guardian is required for all applicants 17 years of age or younger.**



_____ Signature	_____ Printed Name	_____ Date
_____ Parent/Guardian Signature	_____ Printed Name	_____ Date
_____ Witness Signature	_____ Printed Name	_____ Date

**ORDINANCE NO. 2021-47**

**AN ORDINANCE OF THE CITY COUNCIL OF THE CITY OF COPPERAS COVE, TEXAS, REPEALING ORDINANCE NO. 1989-27 AND ALL RELATED ORDINANCES AND PORTION OF ORDINANCES IN CONFLICT BY AMENDING SECTION 4-4. – BUILDING CODES BOARD OF ADJUSTMENTS AND APPEALS OF THE CITY’S CODE OF ORDINANCES; PROVIDING A SEVERABILITY CLAUSE; PROVIDING A SAVINGS CLAUSE; AND DECLARING AN EFFECTIVE DATE.**

**WHEREAS,** the City Council of the City of Copperas Cove adopted Ordinance No. 1989-27 on October 3, 1989 establishing Section 4-4. - Building Codes Board of Adjustments and Appeals, and

**WHEREAS,** the City Council desires to amend Section 4-4. – Building Codes Board of Adjustments and Appeals to hear and decide appeals of orders, decisions or determinations made by the building official or fire marshal relative to the application and interpretation of the technical provisions of the building, fire and technical codes adopted by the City, and

**WHEREAS,** the City Council of the City of Copperas Cove is authorized pursuant to Texas Local Government Code Chapter 214, and other statutory authorities, and the City’s inherent powers and authority as a home rule municipality to establish regulations within the City’s corporate limits in order to protect the public health, safety and welfare; and

**WHEREAS,** the City Council deems it to be in the best interest of the public to amend Section 4-4. – Building Codes Board of Adjustments and Appeals in compliance with Chapter 2 – Administration, Sec. 2-18 of the Code of Ordinances for the purposes described herein.

**NOW, THEREFORE, BE IT ORDINANED BY THE CITY COUNCIL OF THE CITY OF COPPERAS COVE, TEXAS:**

**SECTION 1.**

The findings set forth above are incorporated into the body of this Ordinance and is fully set forth herein.

**SECTION 2.**

That Ordinance No. 1989-27 is hereby repealed in its entirety; along with any ordinances or resolutions or part of an ordinance or resolution in conflict with the provisions of this Ordinance are hereby repealed to the extent of such conflict.

**SECTION 3.**

The City Council of the City of Copperas Cove hereby amends Section 4-4. – Building Codes Board of Adjustments and Appeals to hear and decide appeals of orders, decisions or determinations made by the building official or fire marshal relative to the application and interpretation of the technical provisions of the building, fire and technical codes adopted by the City as follows:

(a) *Creation.*

A Building Codes Board of Adjustments and Appeals, referred to in this article as “the board,” is created to accomplish purposes and perform functions set forth in this article.

(b) *Composition; appointment, residency and term of members.*

The board shall be composed of seven (7) voting members of whom shall be a citizen of the United States of America; and shall not be disqualified by reason of any provision of any section of this ordinance, City Charter, City's Code of Ordinances, or state law. The terms of office of the members shall be four years or until a successor takes office beginning on October 1st of the year of appointment. The terms of the odd-numbered places shall expire in the odd-numbered years, and the terms of the even-numbered places shall expire in the even-numbered years. Board members may be appointed to succeed themselves. Vacancies shall be filled by the city council for the unexpired term. Newly appointed members shall be installed at the first regular board meeting after their appointment.

(c) *Qualifications of members.*

It is the intent of the city council that the board members shall, by reason of diversity of their individual areas of expertise, constitute a board which is broadly representative of various fields of building construction and building standards. In making appointments to the board, the city council will give consideration to persons who are qualified by experience and training to pass on matters pertaining to building construction, mechanical design, plumbing systems or electrical systems, or who have practical experience in matters relating to building construction or value such as a mortgage banker or licensed real estate agent. Members may not be employees of the city.

(d) *Removals; vacancies.*

Members of the board may be removed by the city council only for inefficiency, neglect of duty or malfeasance in office. A member who shall be absent from attendance at a regularly called meeting 50 percent of the time within a period of six months shall be deemed to have vacated his office.

(e) *Organization; rules of procedure; records.*

The board shall elect a chairman and vice-chairman from among its members. The board shall meet when required to carry out the duties established herein. The board shall adopt its own rules and procedures and shall keep a record of its proceedings consistent with the provisions of this section and the requirements of law. The board shall keep minutes of its proceedings showing the vote of each member upon each question, or, if absent or failing to vote, indicating that fact, and shall keep records of



its decisions and other official actions, all which shall be filed in the office of the city secretary and kept as public records.

(f) *Powers and duties.*

- (1) The board is charged with the duty and invested with the authority to hear and decide appeals of orders, decisions or determinations made by the building official or fire marshal relative to the application and interpretation of the technical provisions of the building, fire and technical codes adopted by the city as provided in Chapter 4, Building, Construction, Related Activities.
- (2) The board shall have no authority relative to interpretation of the administrative provisions of the codes.

(g) *Meetings; quorum.*

A quorum for the conduct of business shall consist of four members of the board. Each member is entitled to one vote, and action of the board shall require a majority of members. The members of the board shall regularly attend meetings of the board and shall serve without compensation, except for reimbursement of authorized expenses attendant to the performance of their duties. The members shall comply with all time limits and public notice requirements, and all meetings of the board shall be held in compliance with the Texas Open Meetings Act:

**SECTION 4.**

That any ordinances or resolutions or part of ordinance or resolutions in conflict with the provisions of this ordinance are hereby repealed to the extent of such conflict.

**SECTION 5.**

That should any section, clause, or provision of this ordinance be declared by a court of competent jurisdiction to be invalid, the same shall not affect the validity of this ordinance or any other ordinance of the City as a whole or any part thereof, other than the part so declared to be invalid.

**SECTION 6.**

That this ordinance shall go into effect immediately upon its adoption and approval by City Council.

**PASSED, APPROVED, AND ADOPTED** on this 7th day of December, 2021, at a regular meeting of the City Council of the City of Copperas Cove, Texas which meeting was held in compliance with the Open Meetings Act, *Tex. Gov't Code*, §551.001, et. seq., at which meeting a quorum was present and voting.

Joan L. Cantland for  
Dan Yancey, Mayor

**ATTEST:**

Lisa Wilson  
Lisa Wilson, City Secretary



**APPROVED AS TO FORM:**

[Signature]  
Denton, Navarro, Rocha, Bernal  
& Zech, P.C., City Attorney