

Board Selection

Please refer to the [City of Clearwater Advisory Boards listing](#) for requirements.

You will need to upload at least one of the following:

- Current voter registration within city limits
- Valid current Florida Driver License issued to an address within city limits
- Declaration of Domicile filed with the city clerk affirming residency within city limits

Select the Boards That You Would Like to Apply To

Boards

Municipal Code Enforcement Board*

Personal Info

First Name *	Robert (Bob)
Middle Initial	E
Last Name *	Kenne
Email Address *	bkenne@earthlink.net
Primary Phone *	727-365-0858 <small>(Example: (123) 456-7890)</small>
Length of Residency *	<small>If not a resident of Clearwater, select "Not a Resident"</small> 6+ Years
Business Owner? *	<small>Do You Own or Represent a Business in Clearwater?</small> <input checked="" type="radio"/> Yes <input type="radio"/> No

Home Address

Street Address *	1469 Jacaranda Circle South
City *	Clearwater
Zip Code *	33755

Education & Work

Highest Level of Education Associate degree

Occupation If retired, enter former occupation
General Contractor, Building Consultant

Employer Bob Kenne Services, Inc.

Relevant Work Experience 40 years a General Contractor performing remodeling, insurance restoration, medical offices, expert witness and building consultant on property claims, permit advice and assistance for local residents, former insurance adjuster, consultant to insurance carriers on property claims, and more.

Community Activities Merit Badge and Eagle Scout project counselor for The Boy Scouts of America, Clearwater Community Volunteers, (Winter Wonderland and Easter Egg Hunt annual activities),

Board Service^{*} Have you served or do you serve on a board in Clearwater?
☐ Yes ☒ No

Business Info

Business Address

Business Name * Bob Kenne Services, Inc.

Street Address * 1469 Jacaranda Circle South

City * Clearwater

Zip Code * 33755

Business Phone * 727-365-0858
(Example: (123) 456-7890)

Attachments

Voter Registration *	State of Florida Voter Lookup Voter Detail.pdf	392.5KB
File types accepted: pdf, tif, tiff, jpeg, jpg, gif, doc, docx, rtf, png. 10 MB max file size.		

One of the boards selected requires the upload of your voter registration. This will satisfy the proof of residency for any other boards selected.

Please refer to the [City of Clearwater Advisory Boards listing](#) for requirements and please attach a copy of one of the following documents:

- Current voter registration within city limits
- Valid current Florida Driver License issued to an address within city limits
- Declaration of Domicile filed with the city clerk affirming residency within city limits

Proof of Residency	Pinellas County Property Appraiser.pdf	366.81KB
File types accepted: pdf, tif, tiff, jpeg, jpg, gif, doc, docx, rtf, png. 10 MB max file size.		

Questionnaire

Question 1. What is your understanding of the duties and responsibilities of the Board(s)?

Answer 1. * To attend, observe and to offer input and/or help where appropriate and as needed.

Question 2. Have you ever observed a board meeting either in person or on C-View, the City's TV station?

Answer 2. * ☒ Yes ☐ No

Question 3. What background, experience, or education qualifies you to serve on the Board(s)?

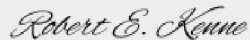
Answer 3. * 40 years as a General Contractor, Licensed in Florida since 2006 as a Certified General Contractor, 8 years as a Public Insurance adjuster in 3 states, intimate knowledge regarding insurance policies and coverage, building codes, construction licensing, permits and general construction. Extensive understanding of the differences between Flood and other insurance coverages such as wind, fire and homeowners insurance. Understanding of coverages on condominiums, i.e. Owner vs. HOA policy coverage. 20 years experience in remediation of mold in structures. 20+ years as an expert witness on property claims and damage evaluation.

Question 4. Why do you want to serve on the Board(s)?

Answer 4. * My Purpose: To give people the confidence, ability, help and solutions to resolve barriers and thus move forward in life.

Date * 9/30/2021

Signature *



Checkbox ☐ choice 1
☐ choice 2
☐ choice 3

Checkbox ☐ choice 1
☐ choice 2
☐ choice 3

Drop-down

Radio Button ☒ choice 1
☐ choice 2
☐ choice 3