



# Town of North Wilkesboro

## Planning Board/Board of Adjustment Application

Office Use Only: Date: \_\_\_\_\_ Term Expires: \_\_\_\_\_

<b>Applicant Name:</b> _____	<b>E-Mail Address:</b> _____
<b>Address:</b> _____	<b>Zip:</b> _____
<b>How long at present address:</b> _____	<b>Name of Neighborhood:</b> _____
<b>Home Phone:</b> _____	<b>Work Phone:</b> _____
<b>Current Employer:</b> _____	<b>Job Title/Occupation:</b> _____

I reside within the  Corporate Limits of North Wilkesboro  Extraterritorial Jurisdiction (ETJ) of North Wilkesboro

List any education, work experience or qualifications you have relevant to the Planning Board/Board of Adjustment. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any current or past volunteer activities in which you are/were involved. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you see as the responsibilities of this Board and what do you hope to accomplish if appointed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any personal or business interest(s) that could create a conflict of interest (either real or perceived) if you are appointed?  No  Yes If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you taken the opportunity to attend any previous Board meetings prior to the notice of this vacancy?  
 No  Yes

By submission of this application, I certify that all of the information contained herein is true to the best of my knowledge, and I understand that this application shall be active for one year. I also understand that I will be required to be available to attend meetings of the Board as assigned.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

\* Please note, original signature is required in order to be considered. This information along with other material may be used by the Town Board in making appointments and in the event you are appointed, it may be used as a basis for a news release to identify you to the community.