

TOWN OF HILDEBRAN PLANNING BOARD/BOARD OF ADJUSTMENT APPLICATION

The Town of Hildebran sincerely appreciates residents who are interested in serving the town.

| Name: Mr. Mrs. Ms. First: | Middle: | · | |
|---|-------------------------|--------|--|
| Last: | Date of Birth: | | |
| Home Address: | - | Zip: | |
| Home/Cell Phone: | Email: | | |
| Years of Residence in Town: | Registered Voter? Yes | No | |
| Occupation: | Place of employment: | | |
| Work Duties: | | | |
| Have you ever served on a municipal or co | ounty board? Yes | No | |
| If yes, list boards: | | | |
| | | | |
| | | | |
| Education | | | |
| High School Attended: | | Years: | |
| College Attended: | Degree: | Years: | |
| Other ⁻ | Training or Experience: | | |
| | | | |
| | | | |
| Civic Board or Experience: | | | |
| | | | |
| | | | |
| Othe | er Areas of Expertise: | | |
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| Why do you wish to serve on the Hildebran Town Planning Board/Boa | rd of Adjustn | nent? |
|---|----------------|----------------|
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| What do you envision for Hildebran's future development? | | |
| | | |
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| | | |
| Have you ever been convicted of a criminal misdemeanor or felony? | Yes | No |
| If yes, please explain: | | |
| | | |
| | | |
| Is there any possible conflict of interest or other matter that would cr | eate problem | ns or prevent |
| you from fairly and impartially discharging your duties as an appointe | e of the Towr | n Council? |
| Yes No | | |
| If yes, please explain: | | |
| | | |
| | | |
| I understand that if I am appointed to the Hildebran Planning Board | /Board of Ad | justment I am |
| required to attend training courses paid for by the Town of Hildebra | n. I am willir | ng and able to |
| attend the trainings. Yes No | | |
| Lucill be able to attend the Diamine Decad /Decad of Adjustment was | | 4St T |
| I will be able to attend the Planning Board/Board of Adjustment me each month at 6:00 p.m. as needed. Yes No | etings on the | 1 Tuesday of |
| each month at 6:00 p.m. as needed. TesNO | | |
| I understand this application is public record and I certify that the info | rmation cont | tained in this |
| application is true and correct to the best of my knowledge. | | |
| | | |
| Signature: | Date: | |
| | | |
| Please Return Form To: | | |
| Town of Hildebran | | |
| 109 South Center St. | | |

Hildebran, NC 28637 or scan and email to: alice.sanders@hildebrannc.org