



TOWN OF MONTREAT

P. O. Box 423
Montreat, NC 28757
Tel: (828)669-8002 Fax: (828)669-3810
www.townofmontreat.org

BOARD OF ADJUSTMENT MEMBERSHIP APPLICATION

Full Legal Name: _____
(Last) (First) (Middle)

Physical Address: _____

Mailing Address: _____

Home Phone: _____ Alternate Phone: _____

Email Contact Information: _____

Please explain why you want to be a member of the Board of Adjustment:

Briefly explain what you believe are the three most important issues facing our community at this time and how you believe the Board of Adjustment can play a role in addressing each issue:

List any abilities, skills, specialized training or interest you have which are applicable to this Board:

Have you ever attended a regularly scheduled meeting of the Board of Adjustment? _____

How much time are you able to devote to fulfill this obligation?

