



TOWN OF MONTREAT

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Montreat, NC 28757
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PLANNING AND ZONING COMMISSION 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 Planning & Zoning Commission:

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

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

Have you ever attended a regularly scheduled meeting of this Commission? _____

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

