

**APPLICATION
TOWN OF DAGSBORO
PLANNING & ZONING COMMISSION**

Name: _____

Address: _____

Phone #: _____

Email Address: _____

Occupation: _____

Do you have any prior civic duties that you are currently serving on, or have served on?

Yes ____

No ____

If yes, please list duties and dates:

The Planning & Zoning Commission meetings are held approximately twice a month and may possibly increase meeting times. Would attendance be an issue?

Yes ____

No ____

If yes, please explain:

Do you have any building, architectural, construction design, or engineering background?

Yes _____

No _____

If yes, please describe background knowledge:

Do you have any financial interest or gain with any proposed developments within the Town of Dagsboro?

Yes _____

No _____

If yes, please explain:

Would you be willing to educate yourself by attending seminars or workshops if needed?

Yes _____

No _____

What is your vision for the Town?

Is anyone else from your family currently serving on any board or committee of the Town?

Yes _____

No _____

Signature: _____

Date: _____
