

**Application
Town of Dagsboro
Planning & Zoning Commission**

Name: _____

Address: _____

Years At 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 and Zoning Commission meetings are held once a month and may possibly increase depending on projects needing addressed. 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

If yes, please explain: _____

Signature: _____ Date: _____

Received by: _____ Date: _____

- Approved - Date of Appointment _____
- Denied

Reason for denial: _____
