

Planning and Development

Name:	Phone:
	emmission : The Historic Preservation Commission is charged with overseeing the his Commission would review applications which could include Bailey Bil
implementations and mak	The Planning Commission is charged with overseeing the Zoning Ordinance tes appropriate recommendations to City Council regarding any changes. These e changes in zoning districts, annexation requests, and subdivision applications.
	s: The Board of Zoning Appeals is charged with overseeing and interpreting the rence to any appeals or discrepancies. These applications would include requests special exceptions.
	emmittee: A new committee, comprised of nominees from each ward in the city ration with input regarding the maintenance of city-owned roads.
Please check below on an	y you are interested in:
Plann	ning Commission
Histo	ric Preservation
Comr	nission Board of Zoning Appeals
City I	Roads Advisory Committee
Why do you want to serve on	a City of Laurens Board or Commission?
What qualifications/experience	ee/training do you have relating to this Board or Commission?



What specific contributions do you hope to make by serving on this board or Commission?
Please list any volunteer experience you have had which may benefit this city. Please list any civic or service organizations of which you have been a member.
Expectations: If appointed, members are expected to make every effort to be an active member of the board or commission. This includes:
1. Attending meetings on a regular basis
2. Review meeting materials prior to the meeting.3. Representing the interests of the community as a whole.
4. Learning and utilizing key tools such as plans, policies, and input from public engagement.
Important Public Records Information: All information submitted in this application is public information
and subject to disclosure in response to a public records request made pursuant to the Freedom of Information Act.
Truth and Accuracy: I certify that the information contained in this form is accurate and complete to the best of my knowledge. I understand that all information disclosed on this form will be available to the public as part of a Freedom of Information Act request.
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Signature Date