City of Jacksonville

P.O. Box 7 – 110 E. Main Street

Jacksonville, OR. 97530

(541)899-1231

APPLICATION FOR APPOINTMENT TO HISTORIC COMMISSION

FULL NAME _____

ADDRESS _____

MAILING ADDRESS (if different) _____

PHONE _____ EMAIL _____

CURRENT EMPLOYER_____ TITLE _____

REGISTERED TO VOTE? Y / N ARE YOU A JACKSONVILLE RESIDENT? Y / N

WHY DO YOU WISH TO SERVE THE CITY OF JACKSONVILLE? _____

_____

_____

PLEASE LIST ANY PREVIOUS OR PRESENT INVOLVEMENT IN THE CITY OF JACKSONVILLE, SUCH AS CITY COUNCIL, COMMISSION OR BOARD MEMBERSHIP, CITIZEN'S COMMITTEE, ETC…

_____

PLEASE LIST YOUR EDUCATIONAL BACKGROUND AND OCCUPATIONAL EXPERIENCE RELATED TO HISTORIC PRESERVATION (PLEASE INCLUDE A RESUME):

_____

_____

_____

LIST ANY ADDITIONAL WORK, CIVIC OR COMMUNITY EXPERIENCE OR TECHNICAL MEMBERSHIPS THAT YOU FEEL MAY RELATE TO THIS APPLICATION:

_____

_____

HAVE YOU HAD ANY REGULATORY EXPERIENCE? HAVE YOU EVER BEEN RESPONSIBLE FOR BEING SURE THAT OTHERS COMPLY WITH THE RULES? _____

_____

_____

WHAT DO YOU BELIEVE ARE THE DUTIES OF A HISTORIC COMMISSIONER?

_____

_____

PLEASE DESCRIBE THE DIFFERENCE BETWEEN A CONTRIBUTING HISTORIC BUILDING AND A NON-CONTRIBUING HISTORIC BUILDING?

_____

_____

PLEASE PROVIDE THE DEFINITION OF A NATIONAL HISTORIC LANDMARK DISTRICT

_____

_____

WHY IS JACKSONVILLE IMPORTANT TO THE STATE OF OREGON AND TO THE NATION?

_____

_____

AS A HISTORIC COMMISSIONER, YOU WILL BE REQUIRED TO ATTEND A NIGHT MEETING ON THE FOURTH WEDNESDAY OF EVERY MONTH AND VOLUNTEER AN ADDITIONAL 5-10 HOURS A MONTH. YOU WILL BE REQUIRED TO REVIEW THE COMMISSIONER PACKET PRIOR TO THE MEETING AND COME TO THE MEETING PREPARED. YOUR SIGNATURE ON THIS APPLICATION INDICATES YOU ARE WILLING TO DO SO.

Signature _____ Date _____