



City of Jacksonville

P.O. Box 7 – 206 N. Fifth St.

Jacksonville, OR. 97530

(541)899-1231

APPLICATION FOR APPOINTMENT TO PLANNING 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

IF YES, # OF YEARS AS A RESIDENT _____

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: _____

PLEASE LIST YOUR OCCUPATIONAL EXPERIENCE RELATED TO THE PLANNING COMMISSION:

LIST ANY ADDITIONAL WORK, CIVIC OR COMMUNITY EXPERIENCE OR TECHNICAL MEMBERSHIPS THAT 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 PLANNING COMMISSIONER?

DO YOU KNOW WHAT THE COMPREHENSIVE PLAN IS? IF YES, PLEASE DESCRIBE

DO YOU KNOW WHAT THE LAND DEVELOPMENT CODE IS? IF YES, PLEASE DESCRIBE

AS A PLANNING COMMISSIONER, YOU WILL BE REQUIRED TO ATTEND A NIGHT MEETING ON THE SECOND WEDNESDAY OF EVERY MONTH. YOU WILL BE REQUIRED TO REVIEW THE PLANNING 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 _____