



TOWN OF LONG VIEW

2404 1st AVENUE SOUTHWEST

LONG VIEW, NC 28602

TELEPHONE: (828) 322-3921 FAX: (828) 578-6637

Application to Serve on the Town of Long View Planning Board *(Use back of sheet if additional space is needed)*

Name: _____

Home Address: _____

Mailing Address (if different): _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Occupation: _____

Recent Community Activities: _____

Have you had any prior involvement with land use planning, zoning issues, or development related projects, either professionally or as a community member? _____

State reasons why you feel you are qualified for this appointment: _____

Do you understand if a planning, zoning, or development situation arises with someone that you have a close relationship with, you must recuse yourself from the case? ☐ YES ☐ NO

Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction? Yes ☐ No ☐

If yes, please explain disposition: _____

Please provide contact information for two references:

Name: _____ Email: _____

Address: _____

Relationship: _____ Phone: _____

Name: _____ Email: _____

Address: _____

Relationship: _____ Phone: _____

Note: This information will be used by the Board of Alderman in making appointments to Board(s) and Committee(s) and follows all N.C.G.S. Public Records Laws.

Signature _____

Date _____

*Applicants are required to be a Town of Long View resident and must provide valid ID or Driver's License as proof of residency.

*The Town of Long View does not discriminate on the basis of age, sex, race, religion, national origin, disability, political affiliation, or marital status.

Please return application to: Long View Town Clerk, 2404 1st Ave SW, Long View, NC 28602 or via email at heather.minor@longviewnc.org

For Town Use Only:

Appointed to: _____ Date: _____

Term Expires: _____