



NOTIFICATION FOR SERVICE FOR THE
TOWN OF HUNTERSVILLE
BOARD OF ADJUSTMENT

Please type or print in black ink

BACKGROUND INFORMATION

NAME _____ HOME PHONE _____

HOME ADDRESS _____ CELL PHONE _____

DO YOU RESIDE IN THE TOWN LIMITS _____ OR ETJ _____

PRESENT OCCUPATION _____ WORK PHONE _____

PLACE OF EMPLOYMENT _____

EMAIL ADDRESS _____

APPROXIMATE HOURS AVAILABLE PER MONTH FOR SERVING ON ADVISORY BOARD _____

NAME OF ANY TOWN OR COUNTY BOARDS/COMMITTEES/COMMISSIONS YOU ARE PRESENTLY SERVING ON:

_____ EXPIRATION DATE _____

_____ EXPIRATION DATE _____

EDUCATION _____

BUSINESS AND CIVIC EXPERIENCE _____

AREAS OF EXPERTISE AND INTERESTS/SKILLS _____

I, the undersigned, understand this application and attached questionnaire will be kept on the active file for a two (2) year period only.

(Signature of Applicant)

(Date)



4. With rapid development occurring in Huntersville and the surrounding area, the character and growth patterns of our community are changing rapidly. Please discuss briefly any problems that you perceive, anything that you would like to change, and/or anything you find particularly appropriate to Huntersville.

OTHER COMMENTS:

The Town of Huntersville Board of Commissioners sincerely appreciates the interest of all citizens in the Town's advisory committees and urges the public to nominate qualified persons for membership. Nominations may be sent to:

TOWN OF HUNTERSVILLE
ATTN: Michelle Haines
P.O. BOX 664
HUNTERSVILLE, NC 28070

For more information on the responsibilities of various advisory bodies, applicants may contact the Planning Department at (704) 875-7000.

**Thank you for completing the application and questionnaire.
Please return them to the Huntersville Planning Department**