

CITY OF CHERRYVALE
 Planning and Zoning Application



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you a Registered Voter?
			YES <input type="checkbox"/>
			NO <input type="checkbox"/>
Are you a resident of Cherryvale?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do live within 3 miles of Cherryvale?
			YES <input type="checkbox"/>
			NO <input type="checkbox"/>
EDUCATION			
High School			
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
REFERENCES			
<i>Please list three references.</i>			
Full Name		Relationship	
Company		Phone ()	
Address			
Full Name		Relationship	
Company		Phone ()	
Address			
Full Name		Relationship	
Company		Phone ()	
Address			
CURRENT EMPLOYMENT			
Company			
Job Title			
Responsibilities			
CONTINUED ON OTHER SIDE			

QUESTIONS 1 "WHY DO YOU WANT TO SERVE ON THE PLANNING AND ZONING COMMISSION?"

QUESTIONS 2 "WHAT IS YOUR VISION FOR THE FUTURE OF CHERRYVALE AS IT RELATES TO PLANNING AND ZONING?"

QUESTIONS 3 "WHAT FACTORS WILL YOU CONSIDER IN MAKING PLANNING AND ZONING DECISIONS?"

QUESTION 4 "WHAT CURRENT PLANNING AND ZONING CONCERNS DO YOU HAVE?"

Signature

Date