



**Town of Carbondale  
Board of Adjustment  
Application for Appointment**

**Applicant Name:**

**Mailing Address:**

**Street Address:**

**Telephone:**

**E-mail Address:**

**Reappointment**

*If you are seeking reappointment, it is only necessary to fill in the top portion of this application.*

**Please Answer the Questions Below**

1) Do you feel as a citizen of the community that you are able to provide objective recommendations on various land-use applications and other issues?

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2) What do you like best about the Town of Carbondale?

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3) What is one thing that would make Carbondale a better place to live?

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4) Please identify what you feel are some of the key issues facing the Town in the next 5-10 years.

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5) Do you feel you have any conflicts of interest that may arise due to your appointment to the Board of Adjustment?

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**Board of Adjustment Recommendation**

**Date:**

**Selection:      YES                  NO**

**Action Taken by Board of Trustees**

**Date:**

**Selection:      YES                  NO**

**Term Expiration:**

**Approval Signature:**

**Date:**