



**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?

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

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

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

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

Board of Adjustment Recommendation

Date:

Selection: YES NO

Action Taken by Board of Trustees

Date:

Selection: YES NO

Term Expiration:

Approval Signature:

Date: