

Town of Spring Hope

For office use only:

Date. _____

Term Expires: _____

118 W. Railroad Street Spring Hope, NC 27882 Phone: (252) 478-5186 Fax: (252) 478-7131

Board of Adjustment (ETJ) Application

*Must reside within the extra-territorial jurisdiction (ETJ)

Please complete this form and return it to the Town Clerk

Applicant Name:	E-mail Address:
HOME ADDRESS:	Zip:
Home/Cell Phone: (_	
Current Employer: _	Job Title / Occupation:
How long have you l	ived in Spring Hope:
List any education, w	ork experience or qualifications you have relevant to the Board of Adjustment.
List any current or pa	ast volunteer activities in which you are/were involved.
What do you see as t	he responsibilities of this Board and what do you hope to accomplish if appointed?
if you are appointed	sonal or business interest(s) that could create a conflict of interest (either real or perceived)? ZES If yes, please explain:
	opportunity to attend any previous Board meetings prior to the notice of this vacancy?
How did you find out a	bout these opportunities?

By submission of this application, I certify that all of the information contained herein is true to the best of my knowledge, and I understand that this application shall be active for two years. I also understand that I will be required to be available to attend meetings of the Board as assigned.

Signature of Applicant

Date

*Please note, original signature is required to be considered. This information along with other material may be used by the Town Board in making appointments and in the event you are appointed, it may be used as a basis for a news release to identify you to the community.