

APPLICATION FOR MARION COUNTY
PLANNING COMMISSION/BOARD OF ZONING APPEALS

District Applying For: _____ Date of Application: _____

Name: _____

Phone Number: _____ Email: _____

Address: _____

How did you learn about the position? _____

Are you or any immediate family member employed by Marion County? Yes No

List professional, trade, business or civic activities and offices held:

Please describe why you wish to serve on the Marion County PCBZA:

Will you, in good faith, make decisions based on a non-biased position, for the betterment of Marion County as a whole? Yes No

Do you pledge to speak positively and constructively about Marion County as a whole, and not slander the County, its employees or elected officials? Yes No

Signature

*Please return this form to the Marion County Clerk or to any Marion County Commissioner