



APPLICATION FOR APPOINTMENT TO THE BOARD OF APPEALS

OTHER INFORMATION

Why would you like to be considered for appointment to the board of appeals?

What does Mauldin need now and in the future?

Describe your familiarity with the legal and quasi-judicial responsibilities of the board of appeals

Describe your familiarity with the City's development regulations, zoning ordinances and building codes

CERTIFICATION AND ACKNOWLEDGEMENT

I hereby declare that I am a registered voter at least 18 years of age and that I have resided in the City limits of Mauldin for at least 12 months.

I understand that members appointed to the board of appeals are requested to serve until the expiration of their respective term, which is generally 3 years, but may resign upon written notice to the City of Mauldin. Likewise, the City may choose to end a member's service on the board of appeals prior to the end of the term and may do so for any reason whatsoever upon written notice to such member.

I further declare that I am willing to devote the time necessary to carry out the responsibilities and requirements of service on the board of appeals. I understand that information on this form will be considered public information.

Signature: _____

Date: _____