

PLANNING COMMISSION

- MONTHLY MEETINGS HELD THE 4TH TUESDAY EACH MONTH AT 6:00 PM
- REQUIRED TO MEET 4 TIMES A YEAR
- RESPONSIBLE FOR MAINTAINING OUR MASTER PLAN
- CONDUCTING SITE REVIEWS AS NEEDED
- RECOMMEND ZONING CHANGES
- MUST BE AN OREGON TOWNSHIP RESIDENT
- APPOINTED BY THE OREGON TOWNSHIP BOARD
- MUST ATTEND REQUIRED TRAINING
- KEY EXPERIENCE, BUT NOT REQUIRED:
 - ARCHITECTURE
 - BUILDING CONSTRUCTION
 - CIVIL ENGINEERING
 - FACILITIES MANAGEMENT
 - GIS/AUTO CAD
 - HISTORIC PRESERVATION
 - LAND USE PLANNING
 - LANDSCAPE ARCHITECTURE
 - PROPERTY MAINTENANCE / MANAGEMENT
 - REAL ESTATE / DEVELOPMENT / LAW
 - ZONING

OREGON TOWNSHIP PLANNING COMMISSION APPLICATION

Applicant Information

Full Name: _____

Home Address: _____

Mailing Address (if different): _____

Phone Number: _____

Email Address: _____

Residency Information

Are you a resident of Oregon Township?

Yes No

Length of Residency in Oregon Township: _____

Eligibility & Background

Are you a registered voter in Oregon Township?

Yes No

Have you ever served on a board, commission, or committee?

Yes No

If yes, please list:

Education & Experience

Please describe your educational background, work experience, or training relevant to planning, zoning, land use, construction, agriculture, business, or public service:

Interest in Planning Commission

Why are you interested in serving on the Oregon Township Planning Commission?

What skills or perspectives would you bring to the Planning Commission?

Availability & Commitment

Planning Commission meetings are typically held on the 4th Tuesday each month at 6:00 pm_____

Are you able to regularly attend meetings?

Yes No

Are you willing to attend training sessions as required?

Yes No

Conflicts of Interest

Do you have any potential conflicts of interest (business, financial, or personal) that could affect your service?

Yes No

If yes, please explain:

References

Please provide two references:

Name: _____ **Phone:** _____

Relationship: _____

Name: _____ **Phone:** _____

Relationship: _____

Certification

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that this is a public document and may be subject to disclosure under the Michigan Freedom of Information Act.

Applicant Signature: _____

Date: _____

Submission Information

Please submit completed applications to:

Oregon Township Clerk

Michelle Osip, Clerk

2525 Marathon Rd

Lapeer, MI 48446

Ph#810-664-5971

clerk@oregontwpmi.gov