

## **ZONING BOARD OF APPEALS**

- MONTHLY MEETINGS HELD THE 3<sup>RD</sup> TUESDAY EACH MONTH AT 6:00 PM
- MEET ONLY WHEN ITEMS ON THE AGENDA
- RESPONSIBLE TO HEAR AND DECIDE ALL MATTERS RELATED TO ZONING ORDINANCE
- MUST BE AN OREGON TOWNSHIP RESIDENT
- APPOINTED BY THE OREGON TOWNSHIP BOARD
- MUST ATTEND REQUIRED TRAINING
- KEY EXPERIENCE, BUT NOT REQUIRED:
  - ARCHITECTURE
  - BUILDING CONSTRUCTION/ENGINEERING
  - GIS/AUTO CAD
  - LAND USE PLANNING
  - LANDSCAPE ARCHITECTURE
  - REAL ESTATE / DEVELOPMENT / LAW
  - ZONING

# OREGON TOWNSHIP ZONING BOARD OF APPEALS APPLICATION

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## Applicant Information

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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## Residency Information

Are you a resident of Oregon Township?

Yes  No

Length of Residency in Oregon Township: \_\_\_\_\_

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## 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:

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## Education & Experience

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

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## Interest in Zoning Board of Appeals

Why are you interested in serving on the Oregon Township Zoning Board of Appeals?

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What skills or perspectives would you bring to the Zoning Board of Appeals?

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## Availability & Commitment

Zoning Board of Appeals meetings are typically held on the 3<sup>rd</sup> Tuesday each month at 6pm

Are you able to regularly attend meetings?

Yes  No

Are you willing to attend training sessions as required?

Yes  No

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## 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:

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## References

Please provide two references:

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

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## 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:** \_\_\_\_\_

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## 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