



CITIZEN APPLICATION FOR HISTORIC PRESERVATION COMMISSION

Name: _____

Gender: Male Female Birth date: _____ E mail: _____

Home Phone: _____ Daytime Phone: _____ Fax: _____

Home Address: _____

How long have you been a resident of Jamestown? _____

Current Occupation/Title: _____

Employer/Business Name: _____

Business Address and Zip: _____

Education: High School () College () Graduate School () Other ()

Degree/Subject of Study: _____

School/Name Years Attended: _____

List any Town Board or Committee on which you currently serve and your term expiration date: _____

The Members of the Commission shall have demonstrated education, experience, special interest, or a combination thereof, in historic preservation, history, architecture, architectural history, archaeology, cultural anthropology, planning, or related field.

What are your qualifications for serving on the Historic Preservation Commission? _____

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List two personal references below:

Name: _____

Daytime Telephone: _____

Address: _____

Relationship: _____

Name: _____

Daytime Telephone: _____

Address: _____

Relationship: _____

AFFIRMATION OF ELIGIBILITY Has any formal charge of professional misconduct, criminal misdemeanor or felony ever been filed against you in any jurisdiction? Yes No if yes, explain complete disposition.

Is there any possible conflict of interest or other matter that would create problems or prevent you from fairly and impartially discharging your duties as an appointee to the Historic Preservation Commission?

Yes No if yes, explain complete disposition.

I understand this application is public record, and I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize and consent to background checks and to the investigation and verification of all statements contained herein. I further authorize all information concerning my qualifications to be investigated and release all parties from all liability for any damages that may result from this investigation. I understand and agree that any misstatement or conduct will be cause for my removal from any Board or Committee.

Signature of Applicant: _____ Date: _____

RETURN COMPLETED FORM TO:

Town of Jamestown, P O Box 848, Jamestown, NC 27282 Telephone: (336) 454-1138 Fax: (336) 886-3508