



# Town of Pegram

## APPLICATION FOR BOARD OF ZONING & APPEAL

NAME: \_\_\_\_\_  
Last First Middle

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Business

OCCUPATION: \_\_\_\_\_

SPECIAL QUALIFICATIONS AND SKILLS: \_\_\_\_\_

Why you would like to be considered:

**TO BE READ AND SIGNED BY APPLICANT:** I realize that this is a non-paying position that is appointed by the mayor of Pegram, meetings are called by the chairman of the board, and monthly scheduled BOZA meetings are held on the second Monday, as needed, at 6:30 PM at the Pegram Town Hall. With my signature, I testify that I have all the qualifications named in the Town Charter for a member of the Board of Zoning & Appeals; that I will support the Constitutions of the United States of America and of the State of Tennessee, and the Charter and Ordinances of the Town of Pegram, Tennessee; and if appointed, I will faithfully discharge the duties of my position.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date