APPLICATION
PEGRAM PLANNING COMMISSION BOARD

DATE: _____

NAME: _____
last first middle

HOME 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 PPC meetings are held on the second Monday of each month at 7:00 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 Pegram Planning Commission; 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