



Town of Pegram

APPLICATION FOR PLANNING COMMISSION

DATE: _____

NAME: _____
Last First Middle

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBER: _____
Home Business

MOBILE NUMBER: _____

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 appointed by the Mayor of Pegram. Meetings are called by the Chairman of the Board, and monthly scheduled Planning Commission meetings are held on the second Monday of each month at Pegram Town Hall. With my signature, I testify that I have all the qualifications named in the Town Charter to required of a member of the 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