



**Town of Clover**

116 Bethel Street  
PO Box 1060  
Clover, SC 29710  
803-222-9495  
803-222-6955 fax

## APPLICATION FOR BOARD/COMMISSION

Please indicate which Board or Commission you are applying to serve on:

- |  |   |
|--|---|
| <input type="checkbox"/> Planning Commission*          | <input type="checkbox"/> Economic Development Board |
| <input type="checkbox"/> Board of Zoning Appeals*      | <input type="checkbox"/> Gallery 120                |
| <input type="checkbox"/> Construction Board of Appeals | <input type="checkbox"/> Clover Housing Authority   |
| <input type="checkbox"/> Architectural Review Board*   |   |

Applicant Name \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

How long have you been a resident of the Town of Clover? \_\_\_\_\_

Why do you want to serve on this Board/Commission?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Prior Public Service (if any)**

Board/Commission/Civic

From

To

_____	_____	_____
_____	_____	_____
_____	_____	_____

\*If appointed to this board/commission, you must successfully complete a minimum of six (6) hours State mandated planning and zoning training within 1 year, plus required 3 hours of continuing education each year thereafter. (SC. Code §§6-29-1340 thru 6-29-1370). Failure to complete required training will result in ineligibility for re-appointment.

Please describe how your educational background, work experience, or other life experience qualify you to contribute to the mission of the Board/Commission.

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Current Employer \_\_\_\_\_

Is there any way that you or a member of your immediate family would stand to benefit financially by your service on this board or commission? Yes No  
If yes, explain.

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Please disclose any other circumstance which might pose a conflict of interest in executing your responsibilities as a member of any board or commission for which you are applying.

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*I would like to be considered for appointment to serve the Town of Clover on the specified Board/Commission. I certify that all information presented in this application is correct.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Please fill out and return application to the Clover Town Hall, 116 Bethel Street, Clover, SC, 29710, or fax to 803-222-6955 or email to Town Clerk at [skempster@cloversc.org](mailto:skempster@cloversc.org) (complete form, save to your computer and then Submit).