



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.

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.

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.

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 snix@cloversc.org.