

APPLICATION FOR BOROUGH OF SEWICKLEY ZONING HEARING BOARD

NAME:	DATE:
ADDRESS:	TELEPHONE:
	E-MAIL ADDRESS:
	LENGTH OF RESIDENCY IN BOROUGH OF SEWICKLEY:
PRESENT OCCUPATION:	

**FOLLOWING QUESTIONS PERTAIN TO POSITION APPLYING FOR
(ATTACH ADDITIONAL SHEETS IF NECESSARY)**

ANY PREVIOUS RELATED EXPERIENCE:
EDUCATION:
OTHER RELEVANT TRAINING:
IN YOUR OPINION, WHAT IS THE ROLE OF THE ZONING HEARING BOARD?
WHY DO YOU WANT TO SERVE ON THE ZONING HEARING BOARD?
COMMENTS: