

APPLICATION – COMMITTEE OF ADJUSTMENT AND PLANNING ADVISORY COMMITTEE

Thank you for your interest in the Municipality of Callander's Committee of Adjustment and Planning Advisory Committee. Completed application forms, with a covering letter outlining your experience and qualifications, can be returned to the Municipality of Callander, 280 Main Street North, P.O. Box 100, Callander, ON P0H 1H0, **on or before 4:00 p.m. on Monday, December 3, 2018.**

Part I (Print clearly in space provided.)	
Surname	Given Names
Mailing Address	
City/Town	Postal Code
Home Phone	E-Mail Address

Part II (Check Yes or No)	Yes	No
Have you previously been appointed to either the Planning Advisory Committee or Committee of Adjustment within the Municipality of Callander or another Municipality?		
Do you have experience with and/or knowledge of the Municipality of Callander's Official Plan or Zoning By-law?		
Have you had previous experience working with Local Boards and/or Municipal Council?		
Do you have a valid driver's license?		

Please explain your interest in Municipal Planning and reasons for submitting this application and any other relevant information?

Part III (Check preference)	
I would prefer to be appointed to the following:	
___ Planning Advisory Committee	___ Committee of Adjustment
I declare that the information provided by me in this application is, to the best of my knowledge, an accurate statement of the facts.	
Signature	Date

NOTES:
Personal information on this form is collected under the authority of the *Municipal Freedom of Information and Protection of Privacy Act* and will be used for the selection of Committee of Adjustment and Planning Adjustment Committee Members for the Municipality of Callander.