

APPLICATION FOR MUSCATINE COUNTY ZONING BOARD OF ADJUSTMENT

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ E-MAIL ADDRESS: _____ DATE: _____

APPLICANT FOR: Muscatine County Zoning Board of Adjustment

Place of employment (and/or activities such as hobbies, volunteer work, etc., that you feel may qualify you for the position):

The following questions will assist the Board of Supervisors in its selection; however, it is **not** necessary to complete this information to be eligible for consideration.

• How much time will you be devoting to this committee? _____

• Reason for applying? _____

• Contributions you feel you can make to the Board/Commission: _____

• Direction/role you perceive of this Board/Commission: _____

In lieu of/in addition to the above, do you have any comments to add that may assist the Board of Supervisors in its selection?

RETURN COMPLETED APPLICATION TO:
MUSCATINE COUNTY ADMINISTRATION OFFICE
414 E THIRD STREET, SUITE 101
MUSCATINE, IOWA 52761-4142
Or email administration@muscatinecountyiowa.gov

YOUR APPLICATION WILL BE RETAINED IN OUR FILES FOR ONE YEAR