TOWN OF STOKESDALE PLANNING BOARD APPLICATION

NAME:	PHONE:	
Email:		
ADDRESS:		
TOWN:		
ZIP:	- 	
HOW LONG HAVE YOU LIVED IN STOKESDALE?		
ARE YOU OVER 18 YEARS OF AGE? Yes No		
OCCUPATION:		
EMPLOYER/ADDRESS:		
BUSINESS PHONE:		
EDUCATION: High School		_Graduate? Yes No
College:	Graduate?	Yes No Year
Major:		
REASONS WHY YOU WOULD LIKE TO SERVE ON T	HE PLANNING B	OARD:
Signature:		_Date:
Dignature		_Datt

PLEASE COMPLETE AND MAIL TO: Town of Stokesdale, PO Box 465, Stokesdale, NC 27357 HAND DELIVER TO: Stokesdale Town Hall, 8325 Angel Pardue Road, Stokesdale, NC 27357 FAX TO: 336-643-4016

 $\pmb{EMAIL\ TO: \underline{stokesdale@stokesdale.com}}\\$

CALL WITH QUESTIONS: 336-643-4011 Planning Board Application: Revised 06-14-2016