

# APPLICATION FOR BOROUGH OF SEWICKLEY ZONING HEARING BOARD

<b>NAME:</b>	<b>DATE:</b>
<b>ADDRESS:</b>	<b>TELEPHONE:</b>
	<b>LENGTH OF RESIDENCY IN BOROUGH OF SEWICKLEY:</b>
<b>PRESENT OCCUPATION:</b>	

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

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