

NOTICE OF VACANCY

The Clay County Board of Supervisors is taking applications for a Clay County Zoning Commission Member. The Clay County Zoning Commission is a seven member board to review county zoning ordinance and hear requests for special exceptions to the ordinance. Clay County appreciates diversity in these appointments and welcomes all applicants at least 18 years of age. Appointments are made in January and are five year terms. These are unpaid positions.

Please complete the following applications and return to the Clay County Zoning Office at 300 West 4th Street, Suite 6, Spencer, Iowa 51301. Additional information may be obtained by calling Tammy McKeever at 712-262-8165.

APPLICATION FORM FOR CLAY COUNTY ZONING COMMISSION

Please Return To:

Clay County Zoning Administrator
300 West 4th Street, Suite 6
Spencer, IA 51301

Phone: 712-262-8165 Fax: 712-264-3991 Email: tmckeever@co.clay.ia.us

Application For: Clay County Zoning Commission

Date _____ **E-mail Address** _____

Name _____

Address _____

Phone Number _____ **Fax Number** _____

Business Phone _____ **Cell Phone** _____

This form assists the Board of Supervisors in evaluating the qualifications of applicants for appointment to a board or commission. State law requires political subdivisions to make a good faith effort to balance most appointive boards, commissions, committees, and councils according to gender by January 1, 2012, and each year thereafter.

Female **Male**

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

The following questions will assist the Board of Supervisors in its selection.

■ **How much time will you be willing to devote in this position?**

■ **Interest in Appointment: Describe in detail why you are interested in serving on a county board or commission. Include information about your background that supports your interest.**

■ **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?**

■ **Please provide two references who may be contacted on your qualifications for this position.**

Name	Address	Phone number	Email address	Relationship
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I certify that there is nothing that would prohibit me from serving on this board or commission.

Signature _____ **Date** _____

***YOUR APPLICATION WILL BE RETAINED IN OUR FILES FOR ONE YEAR
THIS APPLICATION IS A PUBLIC DOCUMENT AND AS SUCH CAN BE REPRODUCED AND
DISTRIBUTED FOR THE PUBLIC.***