

**TOWN OF STOKESDALE
PLANNING BOARD APPLICATION**

NAME: _____ PHONE: _____
Email: _____ FAX: _____
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: _____

I HAVE READ AND UNDERSTAND THE PURPOSE AND MISSION STATEMENT OF THE
PLANNING BOARD: Yes No

OTHER EXPERIENCE RELATIVE TO LAND USE AND PLANNING: _____

REASONS WHY YOU WOULD LIKE TO SERVE ON THE PLANNING BOARD: _____

Signature: _____ Date: _____

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
EMAIL TO: stokesdale@stokesdale.com
CALL WITH QUESTIONS: 336-643-4011