

TOWN OF PELZER

PLANNING COMMISSION APPLICATION

Please complete this application in its entirety and return to the address below or by email:

Town of Pelzer  
Post Office Box 427  
103 Courtney Street,  
Pelzer, South Carolina 29669  
[willragland@gmail.com](mailto:willragland@gmail.com)  
[cbates@townofpelzer.us](mailto:cbates@townofpelzer.us)

All applications will be considered by Town Council and appointees will be mailed written confirmation of Council's decision. If additional space is needed for a complete response, please attach additional sheets. An interview may be conducted for this position.

Name: \_\_\_\_\_  
Last, First, Middle Initial

Physical Address and Mailing Address, if different:  
\_\_\_\_\_ Physical  
\_\_\_\_\_ Mailing

---

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Method of contact \_\_\_\_\_

City Council District: \_\_\_\_\_ GED Equivalent: Yes or No

College Attended: \_\_\_\_\_ Degree: \_\_\_\_\_

Address of College: \_\_\_\_\_

Employment History:

<u>COMPANY</u>	<u>POSITION</u>	<u>EMPLOYMENT</u>
<u>DATES:</u>		

Do you own property within the Town? Yes or No

If yes, address \_\_\_\_\_

Reason(s) for your interest in serving on the Planning Commission. (Areas of interest, goals etc.)

---

---

What previous work experience, civic activity, or other volunteer service would you bring to the Planning Commission and how would your prior experience enhance your ability to make decisions or matters before the Planning Commission?

---

---

---

How would you approach a decision on a Planning Commission matter which involves strong feelings by the applicants and by citizens in opposition to an application or appeal before the Commission?

---

---

---

Would you be able to devote the time necessary to fulfill your obligations as a member of the Planning Commission? If not, Why?

---

---

---

**Qualifications required -**

- Town of Pelzer resident for at least a year - \_\_\_\_\_
- Registered voter in the Town of Pelzer prior to his/her election - \_\_\_\_\_
- Must be interviewed by all members of the Pelzer Town Council
- Must complete all required training within 120 days of being elected for position - \_\_\_\_\_
- Failure to do so, the office shall be deemed vacant and another election for that seat will be held.

Signature of Applicant

Date:

---

Recommendation of Council: \_\_\_\_\_