

**Applications must be received in the City Manager's Office, 811 W. Laurel, Independence, KS 67301 or by Email at [KellyP@IndependenceKs.gov](mailto:KellyP@IndependenceKs.gov) by August 1, 2019**

# APPLICATION

**Planning Commission/Board of Zoning Appeals  
City of Independence, Kansas**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Educational Background:

Name of School and Location	Dates	Diploma	Major	Minor

Please respond to the following questions: (If needed, use back of page)

1. Do you reside inside the corporate limits of the City of Independence? Yes \_\_\_\_\_  
No \_\_\_\_\_

If no, do you reside within three miles? \_\_\_\_\_

2. What experiences have you had that you feel would assist you as a board member?

3. Why do you want to become a member of the board?

4. Do you feel that there are any issues needing immediate attention by the board? If so, please explain.

5. Other comments: