



## Board of Zoning Appeals Application

Citizens interested in seeking appointment to the Board of Zoning Appeals are asked to complete this form.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Email: \_\_\_\_\_

How long have you lived in Centreville? \_\_\_\_\_

**1.) Why are you interested in a position on the Board of Zoning Appeals?**

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**2.) Have you served on other municipal or county boards and / or commissions? Describe:**

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**3.) What, in your opinion, would constitute a conflict of interest for an individual in public service?**

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