



## 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?**

---

---

---

---

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

---

---

---

---

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

---

---

---

---