

**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) on or before January 30, 2017**

# **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 \_\_\_\_\_

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: