

Planning and Zoning Commission Application

*** Required**

1. Name * _____

2. Email * _____

3. Address * _____

4. Phone number * _____

5. Resident of the town of Wachapreague* (CIRCLE ONE) **Yes** **No**

6. A little about you * _____

7. Why you would like to serve *

8. I can commit to Quarterly meetings on 1st Tuesday (Jan, Apr, Jul, Oct) and Work Sessions (as required)*

(CIRCLE ONE) **Yes** **No**

9. Other (Questions or Comments)

Complete and email to planning@wachapreague.org –OR– Drop off at the Town Office