

THE CORPORATION OF THE
MUNICIPALITY OF TEMAGAMI
 P.O. BOX 220
 TEMAGAMI, ONTARIO P0H 2H0
 (705) 569-3421
 FAX: (705) 569-2834
 E-MAIL: visit@temagami.ca
 WEBSITE: www.temagami.ca



**APPLICATION - COMMITTEE OF ADJUSTMENT & PLANNING ADVISORY
 COMMITTEE**

Thank you for your interest in the Municipality of Temagami, Committee of Adjustment (COA) and/or Planning Advisory Committee (PAC). Completed applications forms, with a covering letter outlining your experience and qualifications, can be returned to the Municipality of Temagami, 7 Lakeshore Drive, P.O. Box 220, Temagami, ON, P0H 2H0 **anytime Monday – Friday between the hours of 8:00 a.m. – 4:30 p.m.**

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| Part 1 (Please Print clearly in the space provided.) | |
| Surname: | Given Name: |
| Mailing Address: | Alternate Address: |
| City/Town: | Postal Code: |
| Home Phone: | E-Mail Address: |

| | | |
|--|------------|-----------|
| Part 2 (Please Check Yes or No) | Yes | No |
| Have you previously been appointed to either the PAC or COA with the Municipality of Temagami or another Municipality? | | |
| Do you have experience with and/or knowledge of the Municipality of Temagami’s Official Plan or Zoning By-Law? | | |
| Have you had previous experience working with Municipal Council or Boards? | | |

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| Part 3 (Please explain your interest in the Planning, reasons for submitting this application, and any other pertinent information.) |
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| Part 4 (Please Check Preference) | |
| I would prefer to be appointed to the following: | |
| _____ Planning Advisory Committee | _____ Committee of Adjustment |
| and/or | |
| I declare that the information provided by me in this application is, to the best of my knowledge an accurate statements of facts. | |
| Signature: | Date: |

Notes:

Personal information on this form is collected under the authority of the *Municipal Freedom of Information and Protection of Privacy Act* and will be used for the selection of COA and PAC Members for the Municipality of Temagami.