



The City of Port Angeles Advisory Board Application

Planning Commission

Applicant Name and General Information

First MI Last

Address City State Zip

Home phone Work phone Cell phone

E-mail address

Certification and Location Information

Are you employed by the City of Port Angeles?..... Yes No

Are you a citizen of the United States?..... Yes No

Are you a Registered Voter?..... Yes No

Are you a City resident?..... Yes No

If so, how long:

Do you own/manage a business in the City?..... Yes No

Do you hold any professional licenses, registrations or certificates in any field?..... Yes No

If so, please list: _____

Are you aware of any conflict of interest which might arise by your service on the advisory board that you are applying for?
If so, please explain:



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Work or Professional Experience - List most recent experience first, or attach a resume

Employer

Brief job description

Employer

Brief job description

Employer

Brief job description

Education – List most recent experience first

| | | Yes | No |
|----------------------|-----------------------------------|------------|----|
| Institution/Location | Degree earned/Major area of Study | Graduated? | |
| | | Yes | No |
| Institution/Location | Degree earned/Major area of Study | Graduated? | |
| | | Yes | No |
| Institution/Location | Degree earned/Major area of Study | Graduated? | |

Charitable, Social and Civic Activities and Memberships – List major activities you have participated in during the last five years

Organization/Location

Group's purpose/objective

Brief description of your participation

Organization/Location

Group's purpose/objective

Brief description of your participation



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Planning Commission Supplemental Questionnaire

1. Why are you interested in becoming a Planning Commissioner?

2. Please describe the basic intent of the Washington State Growth Management Act.

3. What is the importance of the Port Angeles Comprehensive Plan and what role does it play in City decision making?

4. Opposing viewpoints are sometimes expressed during public hearings. What factors would you rely on to determine your response or action?

5. Are you familiar with the Conflict of Interest Law and Appearance of Fairness Doctrine of Washington State? Based on your understanding, do you anticipate any potential conflicts that may keep you from participating in matters heard the Planning Commission?



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6. Describe what you think makes Port Angeles a great place to live and work.

7. What do you feel are some of the key issues facing the City today and in the next 3-5 years?

8. Planning Commission meetings are on the second and fourth Wednesday of each month. Do you foresee any problems attending these meetings on a regular basis?

Applicant Signature

Date

Submit completed forms to:

Office of the City Clerk
City of Port Angeles
321 East 5th Street
Port Angeles, WA 98362

Kari Martinez-Bailey
360-417-4634
jvenekla@cityofpa.us

In compliance with the Americans with Disabilities Act, if you need special accommodations because of a physical limitation, please contact the City Manager's Office at 360-417-4500 so appropriate arrangements can be made.

This document and all attached information is considered a public record and may be distributed to members of the City Council for appointment consideration. Additionally, it may become a part of a City Council packet.