

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.**

Prefix Mr. Mrs. Miss Ms.

First Name: _____ Last Name: _____

Address: _____

Email Address: _____ Phone #: _____ **Postal Code**

Cell Phone#: _____ Daytime #: _____

QUESTIONNAIRE:

The following information will assist Council in reviewing all applications to determine the best fit for the Committees and of the Municipality. This information is used only for the purposes of review and selection, and will not be shared.

1) Occupation or former occupation: _____

2) Please describe your relevant educational background: _____

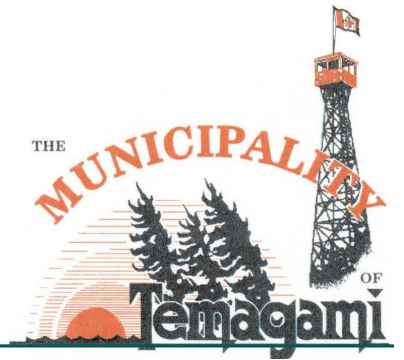
3) Please describe your relevant occupational background: _____

4) Why would you like to participate on this Committee?

5) Please describe your knowledge and experience regarding planning applications, official plans & zoning by-laws in the Municipality:

6) Please describe your particular skills, knowledge and experience (work related, community service oriented, or other volunteer activities) that illustrate the interest, skill or ability you could contribute as a member of this Committee(s):

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7) Have you previously served on a Committee of the Municipality? Yes No

If yes, please which Committee? _____

8) Are you available to attend meetings in both daytime and evenings as requires?

Yes No **Comments:** _____

9) Accommodation: We want to ensure persons with disabilities are able to participate on municipal committees. If you have a disability, what accommodations, if any, would you need to carry out this position?

NOTE: Please add separate pages if more space is required in any area. To further assist Council in their selection a resume (optional) can be added. Please indicate if you have attached a resume.

Yes No

Please be aware that the application process is not complete until a resolution is passed at an official meeting of Council. After Council makes its decision you will be notified by letter about the outcome of your application. Council meeting dates are available online at: www.temagami.ca

RELEASE OF CONTACT INFORMATION:

I hereby consent to the release of my contact information including address, home and/or business phone numbers, email to the public as a potential appointed candidate.

I DO NOT consent to the release of my contact information including address, home and/or business phone numbers, and email to the public as a potential appointed candidate. I do understand that my contact information **WILL BE** available to the Municipality of Temagami, its employees, and other members of the Committee(s). I also understand that my "Name" may appear on the Municipality of Temagami's website as a committee member.

(Please Check Preference)

I would prefer to be appointed to the following:

_____ Planning Advisory Committee and/or _____ Committee of Adjustment

I declare that the information provided by me in this application is, to the best of my knowledge is accurate. I declare that if any provisions in this application is false or misleading, the Municipality of Temagami has the right to dismiss or refuse my application.

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.