



City of Pickens Board Application Form

Thanks for your interest in applying for a City of Pickens board or commission. Applications are accepted throughout the year and are considered for appointment by City Council upon the term expiration date of a board and commission position (s) and upon vacancy of a seat prior to the term expiration date. Applications are maintained on file for two years from the date the application is received.

Please enter your home address when filling out the application below. You must be a resident of the City of Pickens or own a business within the City of Pickens.

Per the state of South Carolina law, you will be required to take a three-hour orientation within one year of your appointment and a one-hour annual continuing education every year you are on the board.

If you have any questions or concerns about your application, please contact Jennifer Vissage at vissage@scacog.org.

Which board are you interested in serving on? Please circle all that you are interested in. All boards meet once a month as needed.

- a. Planning Commission (planning commission handles all rezoning requests, text amendments to zoning ordinance and comprehensive plan)
- b. Board of Zoning Appeals (BZA handles all variance requests and appeals)
- c. Board of Architectural Review (BAR handles all sign applications and façade improvements within the Overlay Districts)

Name: _____

Address: _____

Email Address: _____

Phone Number: _____

Employer: _____

Occupation: _____

Job Title: _____

Professional License(s) : _____



Are you a resident of the City of Pickens? ____ YES ____ NO

Do you own a business in the City of Pickens? ____ YES ____ NO

If yes, please list the name of the business and address:

Why would you like to serve as a volunteer for the City?

Do you presently serve on a board, committee, or commission for the City, County, or State?

If so, list all applicable groups.



Have you previously served on a board, committee, or commission for the City, County, or State?

If so, list the position and date for each.

Are you involved in any Community Activities?

If so, please list and describe each.

Please describe how your educational background, work experience, or other life experience qualify you to contribute to the mission of this board.



Certification

I certify that the information above is true and correct. I understand that the Information on this form will be considered public information.

Signature

Date

Office Use Only

Date Received: _____ Expires: _____

Resident : _____ Business Owner: _____

Approved by Staff: _____ Council Appointment: _____