



**TOWN OF SULLIVAN'S ISLAND,
SOUTH CAROLINA
APPLICATION TO SERVE ON A TOWN BOARD/COMMISSION**

Apply by 5PM Friday August 28, 2020

PLEASE COMPLETE ALL OF THE FOLLOWING FOR POSSIBLE PARTICIPATION

1. NAME: _____

2. MAILING ADDRESS: _____

3. TELEPHONE NUMBER(S):

Home: _____ Work: _____ Cell: _____

4. E-MAIL ADDRESS: _____

5. Are you a registered voter on Sullivan's Island? Yes _____ No _____

6. Have you ever plead guilty, no contest or been convicted of a crime? If yes, please provide additional information: _____

The Town reserves the right to conduct a background check and additional information may be requested from you.

7. Indicate the real properties on Sullivan's Island in which you have a proprietary interest, identifying your primary residence:

8. Please disclose any circumstances which might pose a conflict of interest in executing your responsibilities as a member of any Board or Commission for which you are applying:

9. Please indicate that you wish to be considered for selection to a Board or Commission and, if selected, you are prepared to serve through the term below.

Planning Commission _____ 4 seats (terms expiring 8/31/2023)

Tree Commission _____ 1 seat (term expiring 8/31/2023)

Tree Commission _____ 1 seat (for unexpired term, expiring 8/31/2021)

NOTE:

No member of a Town Board or Commission may hold an elected office in the Town of Sullivan's Island or County of Charleston.

If appointed, you must successfully complete a minimum of six (6) hours State mandated planning and zoning training as soon as possible, plus required continued education thereafter (S.C. Code §§ 6-29-1340-6-29-1370). Failure to complete required training will result in discontinuation of service and ineligibility for re-appointment (§6-29-1380)

(Initial)

(If applying for initial appointment) I agree to complete the required training in a timely manner on initial appointment and annually thereafter. **(Initial)**

(If applying for re-appointment) I certify that I have completed the required training during my current term and, if re-appointed, agree to do so annually during my new term. **(Initial)**

You must return a completed Town questionnaire for your desired Board/Commission(s) for consideration and a personal resume is encouraged.

By signing herein, I have read and understand the requirements for serving as a member of the Commission &/or Board requested and attest the information provided is accurate.

Thank you for volunteering your time and energy to your Town.

Applicant signature

Date



**TOWN OF SULLIVAN'S ISLAND
SOUTH CAROLINA**

**TREE COMMISSION
QUESTIONNAIRE**

1. Why do you wish to serve on the Tree Commission?
2. The Tree Commission meets on average one evening per month. Are you able to attend meetings at this frequency?
3. Please review the Town's Code regarding this Board (Chapter 21, XVII)
 - A. In your opinion, what should be the priorities of the Tree Commission?
 - B. How does your knowledge, expertise and experience qualify you to serve on this Commission?
4. Are there any provisions of the Tree Ordinance with which you disagree?
5. Do you see any conflicts between the Commission's decisions and property rights?
6. What are your thoughts on tree trimming and tree cutting
 - A. On private property?
 - B. On Town-owned property?
7. How would you handle having to make decisions that might be unfavorable to a neighbor, business associate, client or family member?

Thank you for taking the time to respond to these questions. Please submit your answers along with the application and your resume to Pam Otto (843) 883-5744 (potto@sullivansisland.sc.gov) at Town Hall (2056 Middle Street or mail to PO Box 427).