

**PLANNING & ZONING  
BOARD  
APPLICATION**

**CITY OF RINCON**  
Planning & Development Department  
302 S Columbia Avenue  
Rincon, GA 31326  
P: 912-826-5996 F: 912-826-2083  
www.cityofrincon.com



**APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

How long have you been a resident of Rincon? \_\_\_\_\_

Are you registered to vote in Rincon? ☐ Yes ☐ No If yes, for how long? \_\_\_\_\_

Do you own or operate a business within the municipal boundary of Rincon? ☐ Yes ☐ No

If yes, what is the business name? \_\_\_\_\_

**ADDITIONAL INFORMATION (Please answer all questions)**

**What makes you a good candidate to be on the Board?**

**What do you feel is the most important contribution you can make as a member of the Board?**

What do you feel are some of the key issues facing Rincon in the next 5 to 10 years?

---

By my signature below, I acknowledge that my personal and work schedules will allow me to participate in the regularly scheduled Planning and Zoning Board meetings which are held the third Tuesday of each month at 6:30 pm.

---

Signature of Applicant

---

Date

*Please note that if you previously served on the Board, you may not serve again for a period of five (5) years.*

**Office Use Only:**

Date Received: \_\_\_\_\_

Date Sent to Council: \_\_\_\_\_

Date of Council meeting: \_\_\_\_\_

Appointment Term: \_\_\_\_\_

☐ Council declined to appoint