



# CITY OF BUHL

## PLANNING & ZONING BOARD MEMBERSHIP APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

Phone (Daytime): \_\_\_\_\_

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

- Are you available to meet on the **third Wednesday** of each month at **10:30 AM**?  Yes  No
- Are you a resident of the City of Buhl?  Yes  No
- Do you reside inside city limits?  Yes  No
- Do you reside outside city limits/ in the "area of impact"?  Yes  No

Briefly state why you want to be a member of the Planning & Zoning Board: \_\_\_\_\_

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Applicant's Signature: \_\_\_\_\_

**Please return this application to the Planning & Zoning Department in City Hall.**

**Drop-off or mail to:**  
**City of Buhl**  
**ATTN: Planning and Zoning Department**  
**203 Broadway Ave N**  
**Buhl, ID 83316**