

**CITY OF COFFEYVILLE, KANSAS
BOARD APPLICATION**

Date _____

Board or Commission: **Board of Zoning Appeals**

Term: **3-Year Terms**

Meeting Times: **Meets on call**

Purpose and Membership: **To administer the details of appeals from or other matters referred to it regarding the application of the zoning ordinance or resolution, and to grant variances and exceptions from the zoning regulations.**

The five (5) members of the board are all residents of the City of Coffeyville.

Name _____

Address _____

Phone _____ **E-mail** _____

Work Experience and Training _____

Interest in Board _____

Signature