



Historic Review Committee Application

TOWN OF SILVERTON

Application information

Full name:	_____	Date:	_____
	<i>Last First M.I.</i>		
Address:	_____	Phone:	_____
	<i>Street address PO Box #</i>		
	_____	Email:	_____
	<i>City State Zip Code</i>		

Qualifications

Please Select all that apply.

Year-round resident of the Town and owner of property in the Historic Overlay District.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Year-round resident of the Town	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Member of the Board of Trustees	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Non-Trustee San Juan Regional Planning Commission Member	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Voting Member of the Historical Society	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Silverton Highschool Member	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Professionals or shall have extensive expertise in a Preservation-related discipline	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain? _____

Narrative

Please attach a narrative of why you are applying to be a Historic Review Committee member and your qualifications.

Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature:

Date:
