



APPLICATION TO SERVE ON COMPREHENSIVE PLAN SUBCOMMITTEE

County of Fluvanna

Fluvanna County does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services. Before completing the application, please review the membership requirements for the Board, Commission, or Committee for which you are interested. Applicants who do not meet membership requirements will not be put forward for consideration.

Name:	Election <input type="checkbox"/> Columbia <input type="checkbox"/> Cunningham <input type="checkbox"/> Fork Union District: <input type="checkbox"/> Palmyra <input type="checkbox"/> Rivanna <input type="checkbox"/> Other
EXPERIENCE/PROFESSIONAL EXPERTISE/EDUCATION (Please provides dates of education and experience. You may also provide a resume/CV.):	
CURRENT OR PRIOR SERVICE ON BOARDS/COMMISSIONS/OR COMMITTEES:	
CIVIC ACTIVITIES AND MEMBERSHIPS (Roles with fraternal, business, church, or social groups – please provide dates):	
REASON(S) FOR WANTING TO SERVE FLUVANNA COUNTY:	

**PLEASE INDICATE BELOW THE SUBCOMMITTEE(S)
ON WHICH YOU WISH TO SERVE.**

X	SUBCOMMITTEE	DESCRIPTION
	Future Land Use-Zion Crossroads Gateway Plan Subcommittee	Subcommittee will discuss mixed-use commercial, industrial, and higher-density residential uses with well-planned transportation improvements and gateway design standards in conjunction with Louisa County.
	Rural and Historic Preservation Subcommittee	Subcommittee will work to review Rural Cluster provisions, to enhance the Rural Preservation options, and further identify Fluvanna County's historical buildings and places.

**Submit by email (clerk@fluvannacounty.org) or mail to:
County of Fluvanna, Attention: Clerk, Board of Supervisors, PO Box 540, Palmyra, VA 22963**

In accordance with Virginia Code §2.2-3705.1, by submitting this application, it is presumed that you are providing your personal contact information to be used for communicating with the County, and unless otherwise indicated by you, your personal contact information will not be shared publicly.

Applicant's Signature		Date	
Mailing Address (including City, State, & ZIP)		Physical Address (if different)	
Years Lived in Fluvanna	Phone #	Alternate Phone #	Email Address

Office Use Only			
Application Received On:		Application Received By:	
Acknowledgement Sent:			
Renewal Date:		Remarks:	
Renewal Date:			
Renewal Date:			
Renewal Date:			