



HISTORIC PRESERVATION COMMISSION APPLICATION

APPLICATION CRITERIA:

The HPC administers the City of Clarkston's Historic Preservation Ordinance and is part of the planning function of the City. The HPC shall consist of three (3) members, two (2) appointed by the City Council, and one (1) appointed by the Mayor. All members shall be residents of Clarkston and, to the extent available in the City, at least two (2) members of the HPC shall be appointed from among professionals in the disciplines of architecture, history, architectural history, planning, archaeology, or other related professions, such as urban planning, American studies, American civilization, cultural geography, cultural anthropology, real estate, law, or landscape architecture, and all shall have demonstrated special interest, competence or knowledge in historic preservation.

Members shall serve three-year terms. Members may not serve more than two (2) consecutive terms. In order to achieve staggered terms, initial appointments shall be: one (1) member for one (1) year to be appointed by the Mayor; one (1) members for two (2) years, appointed by the City Council; and one members for three (3) years , appointed by the City council. Members shall not receive a salary, although they may be reimbursed for expenses.

APPLICATION SUBMISSION:

Mail or e-mail completed application to:

Clarkston Historic Preservation Commission Application
City of Clarkston
1055 Rowland Street
Clarkston, Georgia 30021
Email application to: tashby@cityofclarkston.com
Phone: 404-296-6489



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First Name:		Last Name:	
Home Address:			Years in Clarkston:
Phone Number:	Cell <input type="checkbox"/>	Home <input type="checkbox"/>	E-mail:
Work (if applicable) Company:		Title:	
Work Phone Number:		E-mail:	

List your Background, Experience, and number of years (Planning Professional – 4yr, Architecture – 2 yr, History – 2 yr, etc):

Please explain why you are, interested in serving on the Commission. Be sure to include any pertinent professional and/or community experience.

Are you willing and available to attend training sessions on-site and/or off-site if provided by the City?
 Yes No

****Please attach your resume with this application.****

I understand that I am applying for appointment to a Commission office for the City of Clarkston; that the appointing authority may require an interview prior to consideration for appointment; that if appointed, I will be required to uphold the City’s charter and ordinances; that I may be removed from office for any reason permitted by law or City charter. I agree to comply at all times with all requirements of the office for which I am applying and to which I may be appointed. All statements and information provided in this application are true to the best of my knowledge.

Applicant's Signature: _____ **Date:** _____