

APPLICATION
BOARD OF ZONING AND ARCHTIECTURAL REVIEW
(BOZAR)
Town of Crested Butte, Colorado

Name: _____

Address: _____
Physical _____ PO Box _____

Phone: _____
Home _____ Work _____ Cell _____

E-mail: _____

For Office use only
Length of Term _____
Date Appointed _____
Date completed _____

How long have you been a resident of the Town of Crested Butte? _____
(one year is required)

What kind of experience do you have in reading building plans? _____

What kind of experiences do you have that relating to the design or construction fields that will help you in fulfilling the duties as a BOZAR member?

Why are you interested in being on BOZAR? _____

What do you feel are important issues facing the Town of Crested Butte that can be addressed through the BOZAR process?

Identify one to two of the most effective projects of the last several years, and why:

Identify one or two of the least effective building projects of the last several years, and why:

Signature

Date