



## HISTORIC LANDMARK COMMISSION APPLICATION

Name \_\_\_\_\_  
(First) (Middle) (Last)

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Occupation \_\_\_\_\_

Education \_\_\_\_\_

\_\_\_\_\_

Are you registered to vote in the Town of Wrightsville Beach?  Yes  No

Do you own or rent a home in Wrightsville Beach?  Own  Rent

If you previously made your home in a place outside of Wrightsville Beach, have you abandoned that home with the intention of making Wrightsville Beach your home at this time?  Yes  No

Do you presently have any intention to leave Wrightsville Beach permanently and make your home in some other location?  Yes  No

Please state any personal, occupational or previous experience that you feel might be pertinent to service on the Historic Landmark Commission:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please state your interest in serving on the Historic Landmark Commission:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Years as Resident \_\_\_\_\_ Submittal Date \_\_\_\_\_