



APPLICATION TRANSFER OF DEVELOPMENT RIGHTS STUDY COMMITTEE

23 North Main Street/P.O. Box 145, Watkinsville, GA 30677
◆ Phone: 706-769-5120 ◆ Fax: 706-769-0705 ◆

NAME: _____ HOME PHONE: _____
ADDRESS: _____ WORK PHONE: _____
_____ CELL PHONE: _____
OCCUPATION: _____ E-MAIL: _____

The Transfer of Development Rights Study Committee will review the potential use of transfer of development rights for preservation of agricultural land & green space in unincorporated Oconee County, including the possible benefits, economic feasibility, impacts on infrastructure, neighborhoods, and other development-related issues.

The Committee will meet approximately once or twice per month, probably on the third Thursday, for approximately three to six months (evening meetings).

Do you live within a city/municipality? YES NO If yes, which city? _____

Briefly explain your educational background _____

Are you an owner or officer in any business or corporation? YES NO
Is your spouse/immediate family member an owner or officer in a business or corporation? YES NO

If yes, please list the name and activity of the business or corporation: _____

Please explain any previous experience with State or Local Government: _____

Briefly explain why you seek this appointment: _____

IMPORTANT NOTICE: Due to the importance of membership on county boards and committees, the Board of Commissioners feels it is necessary to meet and interview each applicant. Interviews will be conducted at the Board's agenda setting meeting on Tuesday, May 27, 2008 at 7:00 p.m. Please be prepared to attend this meeting to answer questions from the Board and give a brief statement about yourself and why you desire this appointment

If appointed, I agree to serve.

Signature _____ Application Date _____

(IF NEEDED TO ANSWER QUESTIONS, PLEASE ATTACH ADDITIONAL PAGES)