

## **PLANNING COMMISSION INFORMATION & APPLICATION**

**What is the Role of the Planning Commission?** The Planning Commission recommends to the City Council and other public authorities plans for regulating the future growth and development of Sheridan. The Planning Commission plans and regulates the development of land inside the City-limits. It recommends ordinances requiring that all land development undertaken in the City must comply with City ordinances and be in compliance with the terms of the City's Development Code, Comprehensive Plan, and Public Works Design Standards. The Planning Commission hears a wide range of applications including annexations, property partitions, lot line adjustments, new residential, commercial and industrial construction, subdivisions, zone changes, etc.

### **General Information:**

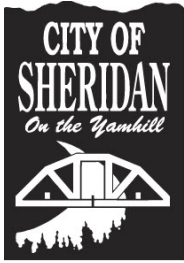
The Planning Commission consists of five members appointed by the Mayor, two of which may be non-residents of the City; Council members may not serve on the Planning Commission. Planning Commission members shall hold office for four (4) year terms. Generally, the Planning Commission meets on the second Monday of each month at 6:30 PM.

### **Background/Experience which might be useful:**

General knowledge of the City and the services it provides. Effective communication skills and a sense of humor. Prior committee membership in a private, government, or non-profit organization.

**If you have questions, please contact the City Manager or Deputy City Recorder prior to submitting a Planning Commission application. Position is open until filled.**

**Applications may be returned by email to [orodela@cityofsheridanor.com](mailto:orodela@cityofsheridanor.com), fax 503-843-3661, or to City Hall in person.**



<b>For Office Use Only:</b> <b>Appointment Date:</b> _____ <b>End of Term:</b> _____
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## CITY OF SHERIDAN

City Hall • 120 SW Mill Street • Sheridan, OR 97378  
Phone 503-843-2347 • Fax 503-843-3661  
www.cityofsheridanor.com

### Planning Commission Application

Name:

Residential Address (Street):

Mailing Address (if different):

Email Address:

Primary Contact Phone #:

Secondary Contact Phone #:

Do you live in the City of Sheridan?      *yes*                              *no*

Please tell us about your occupational background (current & past 10 years).

Please list your volunteer experience with the City or other government or non-profit organizations.

Please list business or professional organizations to which you belong.

Please tell us why you are interested in serving on the Planning Commission.

**Signature**  
Rev. February 14, 2022

**Date**