

# JOIN THE PLANNING COMMISSION

**LEAD · SERVE · CONNECT**

Foster City residents with experience in zoning, architecture, or general construction are encouraged to apply for this position. This recruitment will fill two partial terms, which expire May 31, 2025 and May 31, 2026.

Apply by 5pm on  
**January 9, 2025**



650.286.3250  
clerk@fostercity.org  
fostercity.org/bc-pc



Note: To be considered for official appointment, Planning Commission applicants are required to attend the January 21, 2025 City Council meeting. To be eligible to apply, a resident must be at least 18 years old and must have continuously resided in the city for a period of at least 3 years immediately prior to submission of an application for appointment.



## COMMITTEE/COMMISSION

Application for Appointment  
By City Council/Board of Directors

Return completed application forms to:  
Communications/City Clerk Department  
610 Foster City Boulevard  
Foster City, CA 94404  
(650) 286-3250  
clerk@fostercity.org

**5:00PM THURSDAY**

**DEADLINE FOR FILING: January 9, 2025**

For more information, visit [www.fostercity.org](http://www.fostercity.org)

**Please type or print in BLACK INK ONLY**

Date: \_\_\_\_\_ Committee or Commission for Which Application is Filed: Planning Commission

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Present Street Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ How long have you lived in Foster City? \_\_\_\_\_

What is your occupation? \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Your Present Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Self Employed:

Name and Description of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Length of Ownership: \_\_\_\_\_

Have you ever served on a public board, committee or commission? \_\_\_\_\_

If yes, please explain:

Do you have any relatives presently employed by the city or serving in any official capacity? \_\_\_\_\_

If yes, please give names(s) and relationship:

Please list names of any community organizations or activities to which you belong or in which you have participated, including dates of participation and offices held, if any:

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Please list individuals who are well acquainted with your personal and/or professional qualifications

Name	Address	Occupation	Phone
Name	Address	Occupation	Phone
Name	Address	Occupation	Phone

Please state reasons and objectives for desiring to become a member of this committee/commission:

**Please note, no attachments to this form will be accepted.**