



# TOWN OF LOS GATOS

## HISTORIC PRESERVATION COMMITTEE APPLICATION

Submit to: Clerk Department  
 110 East Main Street, P.O. Box 949, Los Gatos, CA 95031  
 Telephone: (408) 354-6834 ● Fax: (408) 354-8431 ● Email: [clerk@losgatosca.gov](mailto:clerk@losgatosca.gov)

**Please type or print legibly**

* Last Name: _____	* First Name: _____
* Address: _____	* City: _____ * Zip: _____
* Home Phone: _____	Work Phone: _____
Email: _____	Fax: _____
Present Employer: _____	Job Title: _____
Length of Residency in Los Gatos: _____	
* <i>If appointed, this information will be made available to the public.</i>	

Previously Held Elected or Appointed Governmental Positions	Position/Office Held	Dates
Civic or Charitable Organizations You Have Belonged To	Position/Office Held	Dates
Schools Attended/Attending	Major Subject and/or Grade Level	

A separate application is required for each Commission. Please list other Commissions you are applying to:

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

1. Why are you interested in serving on the Historic Preservation Committee? \_\_\_\_\_

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2. Describe your background in architecture, history, architectural history, city planning, archeology or other historic preservation related disciplines? \_\_\_\_\_

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3. Can and are you willing to attend at least one State approved workshop or conference, relating to historic preservation, each year? (This is required by the State.) \_\_\_\_\_

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4. Are you familiar with any of the Town's historic preservation, zoning or subdivision regulations? \_\_\_\_\_

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5. Have you discussed the role of a Historic Preservation Committee member with any current or former Historic Preservation Committee members or with anyone on the Planning staff? \_\_\_\_\_

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6. Have you ever attended a Historic Preservation Committee Meeting? \_\_\_\_\_. If so, please provide a summary of your observation of the meeting. \_\_\_\_\_

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