

## Tracy Wells

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**From:** Joy Garland <joy.garland@townofclyde.com>  
**Sent:** Monday, December 21, 2020 2:00 PM  
**To:** Tracy Wells  
**Subject:** Fwd: Message from KM\_C454e  
**Attachments:** SKM\_C454e20122115330.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Tracy,

Please see attached. The Clyde Board of Aldermen request the re-appointment of Carl Jackson to the Clyde Zoning Board of Adjustments. The removal of Mr. Jackson would be detrimental to the functions of the Clyde Zoning Board.

Thank you,  
Joy



**Joy Garland**  
Town Administrator  
8437 Carolina Blvd. | P.O. Box 386 | Clyde, NC 28721  
Phone: 828-627-2566 | Fax: 828-627-1190  
[joy.garland@townofclyde.com](mailto:joy.garland@townofclyde.com) | [townofclyde.com](http://townofclyde.com)

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----- Forwarded message -----

From: <[scan@townofclyde.com](mailto:scan@townofclyde.com)>  
Date: Mon, Dec 21, 2020 at 1:48 PM  
Subject: Message from KM\_C454e  
To: <[joy.garland@townofclyde.com](mailto:joy.garland@townofclyde.com)>



APPLICATION FOR APPOINTMENT TO:

Board of Zoning Adjustments
Board of Commission Name

NAME: CARL JACKSON DATE: 12-14-2020
MAILING ADDRESS: 59 SELLERS RD CLYDE, N.C. PHONE: 829-627-2834
EMPLOYER: RETIRED PHONE:

COUNTY BOARDS OR COMMITTEES PRESENTLY SERVING ON:

CLYDE FIRE DEPARTMENT BOARD OF DIRECTORS
BOARD OF ZONING ADJUSTMENTS

BUSINESS AND CIVIC EXPERIENCE:

REASON(S) WHY YOU WOULD LIKE TO SERVE ON THIS BOARD/COMMITTEE: TO HAVE
A VOICE IN THE ZONING & UPGRADE
OF THE CITY

For the purpose of diversity and balance on the County's Boards and Commissions, please complete the following:

Race W Sex M I am a resident of the City

I have been a resident of Haywood County for 77 years.

Felony Convictions

Return this form to:
Clerk to the Board of Commissioners
215 N. Main Street
Waynesville, NC 28786
Phone (828) 452-6625 FAX (828) 452-6715

Carl Jackson

Signature of Applicant

I understand that this application will be retained in accordance with the schedule set forth by the State Archives Division.

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FOR OFFICE USE ONLY

Appointed: Term: Beginning: Expiring: (repeated three times)