

Print

Advisory Board Chair Report (Complete One Per Applicant) - Submission #4535

Date Submitted: 2/5/2020

Advisory Board Name:*

NTAAC

Chair Name*

Amy Jeroloman

Applicant First Name:*

Meg

Applicant Last Name:

McGurk

1. Has the applicant previously served on this or another advisory board?*

Yes

No

2. If yes, how many total years have they served?

2 yrs but the applicant & Chair both believe there is another year left to serve on this 2018 appointment

This should be available on the application or by asking the applicant.

3. Is the applicant already serving on this advisory board and seeking reappointment to their second, full term?

Yes (Skip to Last Question)

No

4. Is the applicant already serving on this advisory board and completed their two full terms?

Yes

No

5. Is the applicant applying for a special or expert seat on the advisory board?*

Yes

No

6. If yes, which seat?

7. Did the applicant attend an advisory board meeting?*

Yes

No

8. If applicant did not attend an advisory board meeting, did you contact them via phone or email?

Yes

No

9. Applicant has demonstrated a clear understanding of the time commitment, roles, and responsibilities of serving on the advisory board:

Yes

No

10. If no, briefly explain:

11. In addition to your comments above, please check other qualities that the applicant offers that would help the Advisory Board meet its goals for community representation. Please note that candidates who do not meet any of these qualities are still eligible for appointment. Please communicate any urgent needs and priorities for Advisory Board composition to your Board of Aldermen Liaison.

Diversity

Occupation, Experience, or Special Skills

Other

If other, please explain:

Meg has only completed 2 yrs of what she understood to be a 3 yr appointment. She is interested in completing her current term and has been active and is knowledgeable of the issues facing residents of the NTA

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Advisory Board Chair Report (Complete One Per Applicant) - Submission #4527

Date Submitted: 2/2/2020

Advisory Board Name:*

NTAAC

Chair Name*

Amy Jeroloman

Applicant First Name:*

Susan

Applicant Last Name:

Poulton

1. Has the applicant previously served on this or another advisory board?*

Yes

No

2. If yes, how many total years have they served?

Susan has served on the Planning Board. The # of years isn't on her application

This should be available on the application or by asking the applicant.

3. Is the applicant already serving on this advisory board and seeking reappointment to their second, full term?

Yes (Skip to Last Question)

No

4. Is the applicant already serving on this advisory board and completed their two full terms?

Yes

No

5. Is the applicant applying for a special or expert seat on the advisory board?*

Yes

No

6. If yes, which seat?

7. Did the applicant attend an advisory board meeting?*

Yes

No

8. If applicant did not attend an advisory board meeting, did you contact them via phone or email?

Yes

No

9. Applicant has demonstrated a clear understanding of the time commitment, roles, and responsibilities of serving on the advisory board:

Yes

No

10. If no, briefly explain:

11. In addition to your comments above, please check other qualities that the applicant offers that would help the Advisory Board meet its goals for community representation. Please note that candidates who do not meet any of these qualities are still eligible for appointment. Please communicate any urgent needs and priorities for Advisory Board composition to your Board of Aldermen Liaison.

Diversity

Occupation, Experience, or Special Skills

Other

If other, please explain:

I had a phone conversation with Susan about the NTAAC on 11/24. At that time she planned to attend a NTAAC meeting but the December and January ones were canceled. Also, since the Carrboro Town Council was on winter break and did not go back into session until January 14th, I did not submit Advisory Board Chair Applicant Summary and Contact Form for Susan. In addition, Susan indicated on her application and in our phone conversation she preferred to stay on the Planning Board which was the other Board listed for appointment consideration. I agreed with her given that the Planning Board meets twice a month and since she is retired this is a commitment she can make.

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Advisory Board Application - Submission #4518

Date Submitted: 1/25/2020

First Name*

Susan

Last Name*

Poulton

Date*

1/25/2020

Select today's date

Address1*

8720 Union Grove church road

Address2

City*

Chapel Hill

State

NC

Zip*

27516

Is this address located within the corporate limits of the Town of Carrboro?*

No

Please select Yes or No.

Is this address located within the Town's ETJ, Planning Jurisdiction, or Northern Transition Area?*

Northern Transition Area

Telephone*

9196140529

Please enter your primary contact phone number.

Email Address*

shmpoulton@gmail.com

Enter your primary email address.

The demographic information provided below is of interest because your elected officials want the Town's advisory boards to reflect the diversity of the Town. Diversity of the applicant pool is a priority of the Board.

Date of Birth*

5/24/1949

Please enter your Month/Day/Year of Birth

Race*

white

Please enter your race.

Sex*

female

Please enter your sex.

Occupation*

retired

Please enter your occupation.

Are you a registered Orange County Voter?*

Yes

Please answer Yes or No

Length of Residence in Orange County*

31 years

How long have you been a resident of Orange County?

Length of Residence in the Town of Carrboro*

0

How long have you been a resident of the Town of Carrboro?

I wish to be considered for appointment to the following committee/board(s) (Select no more than two (2)):

- | | |
|---|---|
| <input type="checkbox"/> Affordable Housing Advisory Commission | <input type="checkbox"/> Northern Transition Area Advisory Committee |
| <input type="checkbox"/> Animal Control Board of Appeals | <input type="checkbox"/> OWASA Board of Directors |
| <input type="checkbox"/> Appearance Commission/NPDC | <input checked="" type="checkbox"/> Planning Board |
| <input type="checkbox"/> Arts Committee | <input type="checkbox"/> Recreation and Parks Commission |
| <input type="checkbox"/> Board of Adjustment | <input type="checkbox"/> Safe Routes to School Implementation Committee |
| <input type="checkbox"/> Economic Sustainability Commission | <input type="checkbox"/> Stormwater Advisory Commission |
| <input type="checkbox"/> Environmental Advisory Board | <input type="checkbox"/> Tourism Development Authority* |
| <input type="checkbox"/> Human Services Commission | <input type="checkbox"/> Transportation Advisory Board |
| <input type="checkbox"/> Greenways Commission | |

Please note that membership is limited to one advisory board at a time. You shall not be considered for appointment to another board unless you resign before filing an application or you are in the last six months of your current term.

Other (advisory board not listed):

Please indicate by typing the advisory board that you are applying for.

Advisory Board Preference*

Planning Board

If you are applying for membership on more than one advisory board, please indicate your preference by typing your first choice. Please limit your selection to two boards).

***Employer/Self Employed**

retired. wroked for Duke MEDical Center

Please enter your employment information. This is a requirement for application for the Tourism Development Authority.

Number of Years Employed*

40+

Enter the number of years you have been employed at the organization listed to the left.

*** Provide examples of how you are involved in the promotion of travel and tourism in the Town of Carrboro.**

Required only for the Tourism Development Authority Application.

Community Activities/Organizational Memberships*

Democratic Party helper, network with NTA, Also report to the County Commissioners once a year.

Please enter the requested information.

Relevant Experience:*

Over 20 years on the Planning Board, I attend almost all functions for advisory boards and instigate others.

Reasons You Wish to be Appointed*

I now have a lot of experience of Carrboro planning. It would be a shame to waste it. I think I have experiences and the wishes of the NTA to share with the Board.

Have you ever served on any Town of Carrboro Committee or Board?*

If yes, which one(s)?

Planning Board

Yes

Are you currently serving on a Town Board or Committee?*

Yes

No

If yes, are you applying for a third consecutive term?*

Yes

No

If yes, please describe how you meet one, or more, of the following exceptions noted below. *

There has been no to apply for the NTA place on the Planning Board. I will be glad to stay as I have experience of this board.

After completing two full terms, a member must take off one year before applying for re-appointment to the same advisory board. However, a board member may apply to serve on another advisory board if he/she desires. The Board of Aldermen may make exceptions to this rule under the following circumstances: 1. To retain diversity on an advisory board; 2. A lack of applicants.

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Advisory Board Chair Report (Complete One Per Applicant) - Submission #4529

Date Submitted: 2/2/2020

Advisory Board Name:*

NTAAC

Chair Name*

Amy Jeroloman

Applicant First Name:*

Deb

Applicant Last Name:

Rich

1. Has the applicant previously served on this or another advisory board?*

Yes

No

2. If yes, how many total years have they served?

3 yrs

This should be available on the application or by asking the applicant.

3. Is the applicant already serving on this advisory board and seeking reappointment to their second, full term?

Yes (Skip to Last Question)

No

4. Is the applicant already serving on this advisory board and completed their two full terms?

Yes

No

5. Is the applicant applying for a special or expert seat on the advisory board?*

Yes

No

6. If yes, which seat?

7. Did the applicant attend an advisory board meeting?*

Yes

No

8. If applicant did not attend an advisory board meeting, did you contact them via phone or email?

Yes

No

9. Applicant has demonstrated a clear understanding of the time commitment, roles, and responsibilities of serving on the advisory board:

Yes

No

10. If no, briefly explain:

11. In addition to your comments above, please check other qualities that the applicant offers that would help the Advisory Board meet its goals for community representation. Please note that candidates who do not meet any of these qualities are still eligible for appointment. Please communicate any urgent needs and priorities for Advisory Board composition to your Board of Aldermen Liaison.

Diversity

Occupation, Experience, or Special Skills

Other

If other, please explain:

There hasn't been a meeting of the NTAAC since September 2019. I therefore met with Deb on 11/21/19 after she indicated her desire to serve another term to the NTAAC. She is familiar with the issues facing residents of the NTA.

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Advisory Board Chair Report (Complete One Per Applicant) - Submission #4528

Date Submitted: 2/2/2020

Advisory Board Name:*

NTAAC

Chair Name*

Amy Jeroloman

Applicant First Name:*

Ed

Applicant Last Name:

Witkin

1. Has the applicant previously served on this or another advisory board?*

Yes

No

2. If yes, how many total years have they served?

This should be available on the application or by asking the applicant.

3. Is the applicant already serving on this advisory board and seeking reappointment to their second, full term?

Yes (Skip to Last Question)

No

4. Is the applicant already serving on this advisory board and completed their two full terms?

Yes

No

5. Is the applicant applying for a special or expert seat on the advisory board?*

Yes

No

6. If yes, which seat?

7. Did the applicant attend an advisory board meeting?*

Yes

No

8. If applicant did not attend an advisory board meeting, did you contact them via phone or email?

Yes

No

9. Applicant has demonstrated a clear understanding of the time commitment, roles, and responsibilities of serving on the advisory board:

Yes

No

10. If no, briefly explain:

11. In addition to your comments above, please check other qualities that the applicant offers that would help the Advisory Board meet its goals for community representation. Please note that candidates who do not meet any of these qualities are still eligible for appointment. Please communicate any urgent needs and priorities for Advisory Board composition to your Board of Aldermen Liaison.

Diversity

Occupation, Experience, or Special Skills

Other

If other, please explain:

Ed lives on Britton Drive, which borders the Town property off Old Hwy 86; He is familiar with Solar energy. He has attend recent meetings about FLX and is familiar with the issues facing residents of the NTA

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Advisory Board Application - Submission #4448

Date Submitted: 12/28/2019

First Name*

Edward

Last Name*

Witkin

Date*

10/17/1960

Select today's date

Address1*

420 Britton Drive

Address2

City*

Chapel Hill

State

NC

Zip*

27516

Is this address located within the corporate limits of the Town of Carrboro?*

No

Please select Yes or No.

Is this address located within the Town's ETJ, Planning Jurisdiction, or Northern Transition Area?*

Northern Transition Area

Telephone*

9193577683

Please enter your primary contact phone number.

Email Address*

ewitkin@gmail.com

Enter your primary email address.

The demographic information provided below is of interest because your elected officials want the Town's advisory boards to reflect the diversity of the Town. Diversity of the applicant pool is a priority of the Board.

Date of Birth*

10/17/1960

Please enter your Month/Day/Year of Birth

Race*

White

Please enter your race.

Sex*

Male

Please enter your sex.

Occupation*

Solar energy design/install/musician

Please enter your occupation.

Are you a registered Orange County Voter?*

Yes

Please answer Yes or No

Length of Residence in Orange County*

16 years

How long have you been a resident of Orange County?

Length of Residence in the Town of Carrboro*

N/A

How long have you been a resident of the Town of Carrboro?

I wish to be considered for appointment to the following committee/board(s) (Select no more than two (2))*:

- | | | | |
|--------------------------|--|-------------------------------------|--|
| <input type="checkbox"/> | Affordable Housing Advisory Commission | <input checked="" type="checkbox"/> | Northern Transition Area Advisory Committee |
| <input type="checkbox"/> | Animal Control Board of Appeals | <input type="checkbox"/> | OWASA Board of Directors |
| <input type="checkbox"/> | Appearance Commission/NPDC | <input type="checkbox"/> | Planning Board |
| <input type="checkbox"/> | Arts Committee | <input type="checkbox"/> | Recreation and Parks Commission |
| <input type="checkbox"/> | Board of Adjustment | <input type="checkbox"/> | Safe Routes to School Implementation Committee |
| <input type="checkbox"/> | Economic Sustainability Commission | <input type="checkbox"/> | Stormwater Advisory Commission |
| <input type="checkbox"/> | Environmental Advisory Board | <input type="checkbox"/> | Tourism Development Authority* |
| <input type="checkbox"/> | Human Services Commission | <input type="checkbox"/> | Transportation Advisory Board |
| <input type="checkbox"/> | Greenways Commission | | |

Please note that membership is limited to one advisory board at a time. You shall not be considered for appointment to another board unless you resign before filing an application or you are in the last six months of your current term.

Other (advisory board not listed):

Please indicate by typing the advisory board that you are applying for.

Advisory Board Preference*

NTAAC

If you are applying for membership on more than one advisory board, please indicate your preference by typing your first choice. Please limit your selection to two boards).

***Employer/Self Employed**

Self employed

Please enter your employment information. This is a requirement for application for the Tourism Development Authority.

Number of Years Employed*

16

Enter the number of years you have been employed at the organization listed to the left.

*** Provide examples of how you are involved in the promotion of travel and tourism in the Town of Carrboro.**

Required only for the Tourism Development Authority Application.

Community Activities/Organizational Memberships*

VP- United Solar Initiative (<http://unitedsolarinitiative.org/>) Shakori Hills-Grassroots - advisory committee Get Off The Grid Festival -Co-coordinator (<https://getoffthegridfest.wordpress.com/>)

Please enter the requested information.

Relevant Experience:*

I have been a builder in the sustainability field for all of my adult life and understand the imperative for thoughtful development.

Reasons You Wish to be Appointed*

I think we have an obligation to make sure that the changes and development in Carrboro and the surrounding area reflect the needs, values and diversity of our community.

Have you ever served on any Town of Carrboro Committee or Board?*

If yes, which one(s)?

No

Are you currently serving on a Town Board or Committee?*

Yes

No

If yes, are you applying for a third consecutive term?*

Yes

No

If yes, please describe how you meet one, or more, of the following exceptions noted below. *

N/A

After completing two full terms, a member must take off one year before applying for re-appointment to the same advisory board. However, a board member may apply to serve on another advisory board if he/she desires. The Board of Aldermen may make exceptions to this rule under the following circumstances: 1. To retain diversity on an advisory board; 2. A lack of applicants.