CHITTENDEN COUNTY RPC
Communities Planning Together

110 West Canal Street, Suite 202
Winooski, VT 05404-2109
802-846-4490
www.ccrpcvt.org

May 5, 2014

Ms. Renae Marshall
Hinesburg Town Manager
10632 VT Route 116
Hinesburg, VT 05461

Dear Ms. Marshall:

The Chittenden County Regional Planning Commission (CCRPC) bylaws provide for several standing committees including a Planning Advisory Committee (PAC) to oversee the CCRPC's regional planning activities and policy development as specifically described in items 1-13 of Article XI – Committees; E. Planning Advisory Committee. In particular, the PAC is responsible for reviewing municipal plans and Act 250 permits.

The terms of PAC members will be for two years beginning July 1st and communities whose beginning letter falls between A-L shall appoint a representative to serve beginning in odd number fiscal years; FY2015 in this case.

We would ask you to please have your legislative body take action to appoint a representative and alternate to the PAC for a term of two years beginning July 1, 2014 through June 30, 2016 (fiscal years 2015 & 2016). The PAC has been meeting monthly as needed.

Please complete the enclosed letter of appointment and return it to us in the self-addressed envelope (or scan and email to me at bferenc@ccrpcvt.org) by June 30, 2014.

Thank you for your assistance in this matter.

Sincerely,

Bernadette Ferenc

Bernadette Ferenc
Transportation Business Manager

Attachment

cc: PAC Representative: Alex Weinhagen
PAC Alternate: None at this time

Chittenden County Regional Planning Commission
110 West Canal Street, Suite 202
Winooski, VT 05404-2109

Ladies & Gentlemen:

This will inform you that at our meeting of _____ we voted to appoint the following as our representative and alternate to the Chittenden County Regional Planning Commission's Planning Advisory Committee (PAC) for a term of two years commencing July 1, 2014 and ending June 30, 2016:

PAC Representative: Name: _____

Address: _____

_____

Home Phone: _____ Work Phone: _____

Email: _____ Fax number: _____

Alternate Representative: Name: _____

Address: _____

_____

Home Phone: _____ Work Phone: _____

Email: _____ Fax number: _____

Very truly yours,

_____
Signature

_____
Name and Title

_____
Municipality