Application Form

Profile				
Joshua First Name	Middle Initial	Mackin Last Name		
joshmackin43@gmail.com Email Address				
546 Colonel Ledyard Highwa	ау		Suite or Apt	
<u>Ledyard</u> City			CT State	06339 Postal Code
Mobile: (860) 334-9490 Primary Phone	Alternate Ph	none		
Which Boards would yo	u like to ap	pply for?		
Planning & Zoning Commiss	ion: Submitt	ed		
Education & Experience	ces			
Please tell us about yourse	elf and why	you want to serv	ve.	
Why are you interested	in serving	on a board or	commission?	
As a Ledyard resident and e on the Planning and Zoning land use, and development in residential and commerci community character and fu perspective to help ensure t integrity and quality of life t	Committee to support the al construction of the construction of th	to contribute my ne town's growth. on, I understand oment. I want to I continues to gro	practical knowledgo . With over a decad how zoning decision bring a youthful, for	e of building, e of experience ns impact both rward-thinking
Community Involvemen	t			
Educational Background	d			
High school Diploma from N	orwich Free	Academy 2014		
Today's Construction LLC Employer	Forema	an		
Joshua_Mackin_Resume.pdf Upload a Resume				

Submit Date: Oct 23, 2025

Party Affiliation

Party Affiliation *

✓ Independent

Disclaimer & FOIA Information

Your attendance and active participation is important for the Committee to conduct its business. Any member of a Commitee/Commission/Board who is absent from three (3) consecutive regular meetings and any intervening duly called special meetings shall be considered to have resigned from the Commitee and the vacancy shall be filled, except that the Committe may vote to waive attendance requirements in each case where illness or other extenuating circumstances make it impossible for a member to meet the attendance requirements. It shall be the responsibility of the Chairman of the Committee to notify the Town Council or Mayor's office when a member has not properly performed his/her duties.

Please Agree with the Following Statement

If selected as a board member, I understand that information on this application is subject to the Freedom of Information Act (FOIA) and may be disclosed to anyone requesting this information.

I Agree

Signature (type full name below)

Joshua Mackin