

# THORN TOWNSHIP ZONING DEPARTMENT

13780 Zion Road, P.O. Box 460 Thornville, Ohio 43076

Zoning Inspector: Ed Corns

(740) 641-9094

[thorntwpzoninginspector@gmail.com](mailto:thorntwpzoninginspector@gmail.com)

Zoning Secretary: Debbie Morgan

(740) 258-2637

[thorntwpzoning@gmail.com](mailto:thorntwpzoning@gmail.com)

## Zoning Commission Board / Board of Zoning Appeals

### Application for Appointment

#### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for Thorn Township? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

#### References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Relationship: \_\_\_\_\_

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Full Name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

*The position of Zoning Commission Board Member and Board of Zoning Appeals Member and their Alternates are by Appointment Only and are made solely by the Thorn Township Board of Trustees.*

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

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