

THORN TOWNSHIP ZONING COMMISSION/BOARD OF APPEALS APPLICATION

P.O. Box 460

Thornville, OH 43076

thorntwpzoning@gmail.com

APPLICANT NAME: _____
(please print)

ADDRESS: _____

HOME PHONE#: _____ WORK OR CELL#: _____

EMAIL ADDRESS: _____

YEARS AS A THORN TOWNSHIP RESIDENT _____

Please return this application to the Zoning Secretary at the above address. It will be forwarded to the Thorn Township Trustees for their consideration.

Thank you for your interest in becoming a member of the Thorn Township Zoning Board/Board of Appeals.