

# St. Albans Township

Licking County, Ohio

Po Box 346

Alexandria, Ohio 43001

**APPLICATION FOR APPOINTMENT TO OR TO BE RETAINED ON ST. ALBANS TOWNSHIP  
ZONING COMMISSION OR THE ST. ALBANS TOWNSHIP BOARD OF ZONING APPEALS**

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E MAIL ADDRESS: \_\_\_\_\_

NUMBER OF YEARS AS A RESIDENT IN ST. ALBANS TOWNSHIP: \_\_\_\_\_

QUALIFICATIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

WHY DO YOU WANT TO BE A MEMBER OF THE ZONING COMMISSION?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHY DO YOU WANT TO BE A MEMBER OF THE BOARD OF ZONING APPEALS?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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As a newly appointed or continuing member | acknowledge that service on a township board or commission carries public trust and an expectation of active, informed, and consistent participation. Members are expected to attend scheduled meetings of their respective body, actively engage in deliberations, and maintain a working knowledge of the township zoning resolution and the adopted comprehensive plan. Members are strongly encouraged to remain informed about township operations and policy direction, including by observing township trustee meetings as schedules reasonably allow.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_