

# LAWRENCE TOWNSHIP TRUSTEES ZONING APPLICATION

Applying for: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Zoning Commission \_\_\_\_\_ Board of Zoning Appeals

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

Address: \_\_\_\_\_ City and Zip: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Do you live in the unincorporated limits of Lawrence Township? \_\_\_\_\_

Your Occupation: \_\_\_\_\_

Please explain your interest in this position: \_\_\_\_\_

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Please describe your qualifications for this position: \_\_\_\_\_

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Please describe what you would like to accomplish by serving on this board: \_\_\_\_\_

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