



APPLICATION FOR A CHANGE OF ZONING DISTRICT CLASSIFICATION

FEE: \$250

This is an application for a zoning change on your property. The form must be completed in accordance with directions on the accompanying instructions and filed with the Zoning Administrator. Email completed application to Planning&Zoning@andoverks.gov.

(AN INCOMPLETE APPLICATION CANNOT BE ACCEPTED.)

1. Name of Applicant/Agent _____

Address _____ Phone _____

Email _____

Relationship of applicant to property is that of _____
(Owner, Tenant, Lessee, etc.)

2. Application is made for a Change of Zoning District Classification from the _____
District to the _____ District on the property located at _____

and legally described as _____

total lot area: _____ square feet / _____ acres
and current used as: _____

3. Attach any relevant supporting documents to your submission. Relevant documents include, but are not limited to:

- a. A site plan of your property, depicting the proposed use;
- b. Evidence that the zoning change is appropriate for the property and its surroundings;

4. The applicant herein or his/ her authorized agent acknowledges:

- a. That he/ she has received instruction material concerning the filing and hearing of this matter; and



- b. That he/ she has been advised of the fee requirements established and that the appropriate fee is herewith tendered; and
- c. That he/ she has been advised of his/ her rights to bring action in the District Court of the County to appeal the decision of the Andover Board of Zoning Appeals; and
- d. That all documents are attached hereto as noted in the instructions; and
- e. That the Andover Board of Zoning Appeals has the authority to require such conditions as are deemed necessary and reasonable in order to serve the public interest.

Applicant	Date	Agent (if any)	Date
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OFFICE USE ONLY

Application number: **Z-A**_____ - _____

Submission received: _____