



## **APPLICATION FOR A SPECIAL USE PERMIT**

**FEE: \$250**

This is an application for a Special Use permit. 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](mailto: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 Special Use to permit (describe request):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

for property located at \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

and legally described as \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

total lot area: \_\_\_\_\_ square feet / \_\_\_\_\_ acres  
in the City which is zoned as the \_\_\_\_\_  
District.



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. Pictures of the surrounding neighborhood; and/or
  - c. Evidence that the Special Use 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.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Applicant

Date

Agent (if any)

Date

OFFICE USE ONLY

Application number: **Z-SU** \_\_\_\_\_ - \_\_\_\_\_

Submission received: \_\_\_\_\_