



**APPLICATION FOR A VARIANCE FROM THE ZONING REGULATIONS**

**FEE: \$150**

This is an application for a variance. 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 variance as provided for in Section 10-107 of the City Zoning Regulations 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 Variance;
- b. Pictures of the surrounding neighborhood; and/or
- c. Evidence that the Variance is required due to abnormality on your property/in the Zoning Regulations.

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

---

OFFICE USE ONLY

Application number: **BZA-V**\_\_\_\_\_ - \_\_\_\_\_



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