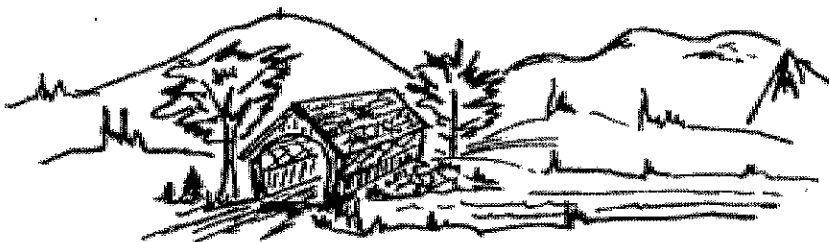


**TOWN of
ANDOVER**

P.O. Box 61
Andover, NH 03216-0061
(603) 735-5332

Incorporated 1779



EQUITABLE WAIVER OF DIMENSIONAL REQUIREMENTS
APPLICATION

Town of Andover Zoning Board of Adjustment

NOTE: This application is not acceptable unless all required statements herein have been completed, all required documents as set out in the Andover Zoning Ordinance supplied and all required fees have been paid. Additional information may be supplied on a separate sheet if needed.

APPLICANT NAME _____

PROPERTY ADDRESS: _____

TAX MAP AND LOT: _____ DISTRICT: _____

CONTACT INFORMATION: _____

APPLICANT AGENT: _____

- a) If owner is not the applicant, attach letter of authorization from the owner
- b) If the applicant appoints an agent, all communications between the Board and the applicant will be through the agent

CONTACT INFORMATION: _____

Abutters: Select one:

☐ I elect to provide my own abutters list. I understand that my application will not be acted upon until I file my abutters list, complete with tax map and lot numbers and names and addresses of all abutting owners.

☐ I wish to have the town provide me an abutters list from the town's records. I understand and agree that this list may have inaccuracies and omissions and only reflects the records of the Town on its computer.

I understand that I am solely responsible for submitting an accurate and complete abutters list.

An Equitable Waiver of Dimensional Requirements is requested from:

Article _____ Section _____ of the Andover Zoning Ordinance to permit:

1. Does the request involve only a dimensional requirement and not a use restriction?
() Yes () No
2. Explain how the violation has existed for 10 years or more with no enforcement action, including written notice, being commenced by the Town.

OR Explain how the non-conformity was discovered after the structure was substantially completed or after a vacant lot in violation had been transferred to a bona-fide purchaser.

-and- how the violation was not an outcome of ignorance of the law or bad faith but resulted from a good faith error in measurement or calculation.

3. Explain how the non-conformity does not constitute a nuisance nor diminish the value or interfere with future uses of other property in the area.

4. Explain how the cost of correction far outweighs any public benefit to be gained.

Applicant Signature

Date

ABUTTER LIST

Subject Property: Map: _____ Lot: _____ Sub-lot: _____ District: _____

Owner: _____

Address: _____

APPLICANT: (if different from owner): _____

Applicant Address: _____

PROPERTY OWNER	ADDRESS	MAP	LOT	SUB-LOT

(Use additional sheets if necessary)