

APPLICATION FOR APPEAL FROM AN ADMINISTRATIVE DECISION

Zoning Board of Adjustment, Town of Andover

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 have been supplied and all required fees have been paid. Additional information may be supplied on a separate sheet if needed.

Name of Applicant: _____

Address: _____

Owner: _____

(If same as applicant, write "same" If not, attach letter of authorization from the property owner)

Location of Property: _____

(street, number, sub-division and tax map lot number)

APPEAL FROM AN ADMINISTRATIVE DECISION

Relating to the interpretation and enforcement of the provisions of the zoning ordinance.

Regarding Article _____ section _____ of the Andover Zoning Ordinance.

Decision of the enforcement officer to be reviewed:

(If a written decision is being appealed, please attach a copy of that decision)

Applicant's Signature

Date