

**APPLICATION FOR AN EQUITABLE WAIVER
OF DIMENSIONAL REQUIREMENTS**

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 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)

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: _____

ORExplain how the nonconformity was discovered after the structure was substantially completed or after a vacant lot in violation had been transferred to a bona fide purchaser.

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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 nonconformity 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's Signature

Date

ABUTTERS LIST

Subject property: Map: _____ Lot: _____

Owner: _____

Address: _____

APPLICANT: (if different from owner): _____

Applicant Address: _____

Map: _____ Lot: _____ _____
Owners names and address

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Owners names and address

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(Use additional sheets as necessary)