

ANDOVER ZONING BOARD OF APPEALS APPLICATION / PETITION

FOR TOWN USE ONLY

INCOMPLETE APPLICATIONS MAY BE DENIED

ZBA # Z-2 - _____ (TOWN USE ONLY)

Applications must be *typed*
or printed clearly in **ink**.

COMPLETE ALL APPLICABLE INFORMATION

1. a. Applicant(s): _____
Mailing address: _____
Tel: _____ Email address: _____
b. Applicant is (select **ALL** that apply): Owner Purchaser Lessee Other
Explain: _____. **IF not the owner, a signed, original Owner Authorization Letter must** be submitted with the application.
2. Owner, if other than applicant, as it appears on the Deed : _____
Mailing address: _____
Tel: _____ Email address: _____
3. Representative(s): _____
Affiliation to Applicant(s): _____
Mailing address: _____
Tel: _____ Email address: _____
4. Application from/under **Article VIII, Andover Zoning By-Law, OR M.G.L. Ch. 40B:**
(Check **ALL** that apply, attach additional sheets as necessary)
 For variance(s) from Section(s): _____
 For special permit(s) under Section(s): _____
 As a Party Aggrieved, for review of a decision made by the Building Inspector or other authority. [**Attach** Decision(s)]
 For a Modification of Decision(s) # _____ [**Attach** Decision(s)]
 For an Extension of Decision(s) # _____ [**Attach** Decision(s)]
 For a Comprehensive Permit under M.G.L. Ch. 40B for _____ (#) rental -or- ownership units (check one).
5. Has there been **any** previous appeal to the ZBA by **any** party involving these premises?
 Y N Decision#(s) _____
[**Attach ALL prior** Decision(s)]
6. Primary Parcel(s) is/are Vacant land -OR- building(s) (check as applicable):
(IF land is also located in other towns, please attach additional sheet.)
 - a) Address(es): _____
 - b) Assessor's Map No.(s) _____ Lot No.(s) _____
 - c) Lot Area _____, Frontage _____ feet / _____ feet
 - d) Zoning District(s): (circle)
SRA SRB SRC APT GB OP LS MU IG IA ID ID2
 - e) Essex North Registry of Deeds Book(s) # _____ Page(s) # _____
-or-Land Court Certificate Nos. _____ (if applicable)
 - f) Date of purchase: _____

7. a) Date of construction of existing structure(s): _____.

b) Is this structure listed as an historic building? ** Y / N

****You MUST** verify if the property is historic through the Building or Zoning Offices. If YES, you **MUST** submit an application to the Andover Preservation Commission **or** Ballardvale Historic District Commission, as applicable, for separate review.

8. Description of proposed work, use, or decision being appealed (**Attach** decision):

9. For variance list hardship circumstance(s) related to soil conditions, shape, or topography that prevent zoning compliance **&/or** special permit data **&/or** Party Aggrieved argument: (See Instructions for Petitioners Filing to appear before the ZBA #3 &/or #4)

I agree to pay the non-refundable fees for legal advertising, registry recording & administrative expenses.

Date Signature of Applicant(s)*

Date Signature of Property Owner(s) [if other than applicant]

* If other than owner, An Owner Authorization Letter with the owner's original signature must accompany this application.

For further instructions, please refer to "General Filing Requirements Andover Board of Appeals", "Instructions for Petitioners filing to appear before The Zoning Board Appeals, Article VIII Andover Zoning Bylaw, Mass. General Law Chapter 40A, &/or Mass. General Law Chapter 40B."

ONLY EXACT COPIES OF THIS FORM ARE ACCEPTED. NO ALTERATIONS ARE PERMITTED. ANY ALTERATIONS RENDER THIS FORM NULL AND VOID.

Use additional sheets if necessary.