nickclark 1989@g mail.com
emailed RECEIVED
abutter letter SEP 2 9 W21
+ copy of legal 10/7/21

## ANDOVER ZONING BOARD OF APPEALS APPLICATION

A \$200.00\*\* (confirm state fee at time of submission) fee must accompany each application. <u>THIS FEE IS NONREFUNDABLE</u>. Checks or money orders must be made payable to Town of Andover.

TO BE COMPLETED BY THE APPLICANT – PLEASE PRINT			
Applicant's Name Nick Clark; Brueden Duncan			
Day Phone $\#(3 5) + 9 -0723$ Evening Phone $\#$			
Address 33 Lake Road, Andover, CT 06232			
Owner of Land Nick Clark & Braeden Duncan			
Address 33 Lake Road Phone # (315) 481-0723			
LOCATION OF PROPERTY  Street 33 Lake Road			
Tax Map Number 3 2 Block 48 Lot 1-9			
Tax Map Number 3 d Block 48 Lot 1-9  Zoning District AL Lot Size 2.16 Lot Frontage 265 t			
ΓΥΡΕ OF APPLICATION (Check appropriate box):			
A variance in the application of the Zoning Regulations is requested.			
There is an error in an order, requirement or decision made by the Zoning Enforcement Officer (Appeal)			
Other (Specify)			
Current Property Use Residential Proposed Property Use Residential (residential, commercial, industrial)			
Has an application involving the subject property been submitted to either the Planning & Zoning Commission or Zoning Board of Appeals Application in the past?			

If so, provide Application #, Applicant's Name and/or Date

Briefly describe the proposed project and/or activity:				
Installation of a 10'x 14' Shed				
State the appropriate section(s) of the Zoning Regulations you wish to vary or appeal:				
What specific action are you requesting of the Zoning Board of Appeals?  Reduce Siduline Variant from 25 feet  to 3 feets.				
If the your application is for a variance please state your hardship below. Hardships should be within the context of Section 22.0.4 of the Andover zoning regulations and Section 8.6 (both of which are attached)				
Due to location of Septic System and well this is the only Location of for the shed.				
the shed.				
ATTACHMENTS:				
The following items <u>must</u> be provided to complete this application:  A \$140.00 application fee <u>and</u> \$60.00 State fee, <u>state fee is subject to change</u> and must be verified at the time of submission. Checks shall be made payable to the "Town of Andover"				
Site Plan to a scale of 1,,=20' or 1,,=40'. The site plan shall include:				
*Location and dimensions of existing buildings and uses				

k	*Dimensions of the lot and required and proposed setbacks			
k	*Driveways and parking areas			
k	*Wells/Water Lines  *Septic System/Sewer Lines  *Accessory structures (swimming pools, tool sheds, etc.)  *Location of wetlands and watercourses (if information is available)			
k				
k				
k				
k	*Any unique landmarks that are situated on the property  *Additions to structure requiring the variance must be staked (the corners) 13 days prior to the meeting for Commission review  NOTE: AN A-2 SURVEY/SITE PLAN MAY BE REQUIRED AT THE DISCRETION OF THE BOARD  Names and addresses of abutting property owners of the subject property  Copies of the Tax Assessor's property card for this location (both sides-available in Assessor's Office)			
N				
	Verification (through Attorney's letter history) of nonconforming lots of rec	er, title searcher and/or complete deed ord if deemed appropriate		
The undersigned hereby authorizes the Andover Zoning Board of Appeals, or its agents, to enter upon the property for the purpose of inspection and enforcement of the Town of Andover Zoning Regulations.				
Signed_	Mh A La (Applicant)	Date $9/29/23$		
Signed_	The Ale Owner)	Date $9/29/21$		
		For staff use:  Date Submitted  Date of Receipt by Board  Fee		



