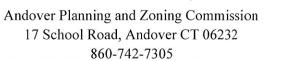


Town of Andover, CT





06/15/2022	ZONING	BOARD	OF	F APPEALS	APPLI	CATION	22-02	Draft

✓ Residential Commercial Variance from the Zoning Regulations; Appeal from the Decision of the Zoning Agent Approval of Motor Vehicle Sales or Repair Location
Applicant Information:
Name: Nick Glowacki
Address:17 lakeside dr Andover Ct 06232
Phone:817-781-5466 Fax:
Email:
Legal Interest:
Owner Information:
Name: GLOWACKI NICHOLAS A & ANNA R
Address:17 LAKESIDE DR ANDOVER, CT 6232
Phone:817-781-5466
Email: glowacki.nick@gmail.com
Attached is documentation verifying ownership of the property.
Subject Parcel:
Address:17 LAKESIDE DR
Size: <u>1.95</u> Zone: <u>LA</u> Map, Block and Lot #: <u>43 71B</u>
Is the subject parcel within 500 ft. of the Town boundary? yes✓ no
Variance Request:
I hereby apply for a Variance to Section(s)
11.2 seeking reduction and setback requirements.
Is a Hardship claimed?✓ If so, what is the specific Hardship?
Lot shape and location in addition to zoning code makes project impossible. This lot has seeked and been awarded variance in the past. See color coded attached online maps.
₽ PermitLink

I hereby Appeal the Decision of the Zoning Agent dated:(attach copy), stating
The basis for my Appeal is:
Approval of Motor Vehicle Sales or Repair Location:
Describe Proposed Use:
Previous Applications:
Has any previous application for Variance, Appeal, or Approval of Location been filed with this premise?
If so, for what purpose? original house and addition When? 06/15/2022 File No.
Parties of Interest:
Attorney / Engineer/ Architect / Builder Name:
A 11
Address:
Address: Fax:
Phone: Fax:
Phone: Fax:
Phone: Fax:
Phone: Fax: Email: Taxes:
Phone: Fax: Email: Taxes:
Phone: Fax: Email: Taxes:
Phone:
Phone: Fax: Email: Taxes: Are all taxes current? no
Phone: Fax:
Phone: Fax:

Signature of Applicant(s) <u>Nick Glowacki</u>

__ Date: __06/01/2022