C.) Application Number: 16-BOA-002

In order to process your application we'll need to know certain information about your proposed waiver Please consult with a Planning Division staff member who will help you fill out the application form and advise you on any required attachments. We cannot accept or process incomplete applications.

3. TYPE OF PROPER	RTY				
Please check only o		Residential		Mixed	Use
4. TYPE OF APPLIC					
Who is applying for (If "Agent" explain relati	this permit? ionship to Owner or Rente	Property owner er/lessee.)	Agent for the o	owner	Renter or lessee
5. OWNERSHIP INFO	ORMATION				
Name: Willard	Hemsing				
Address: 626	47 1 57		_ E-Mail: <u>hen</u>	using	@ cybermesa.
Please attach proof o	f ownership such as a o			U	1
	OR LESSEE OR		Cell #:		Fax:
Address:					
Does the request rel perform? If the application is f condition? Please fu	Existing condition for an existing conditi irther describe the na	ion, how long has	it existed and who	was respor ections of t	ork which you wish to nsible for creating the the Development Code
Does the request rel perform?	late to an existing con Existing condition for an existing condition	ion, how long has ture of the reques	it existed and who is and the specific s in to The Gon	was respor ections of f	sible for creating the been been been been been been been be

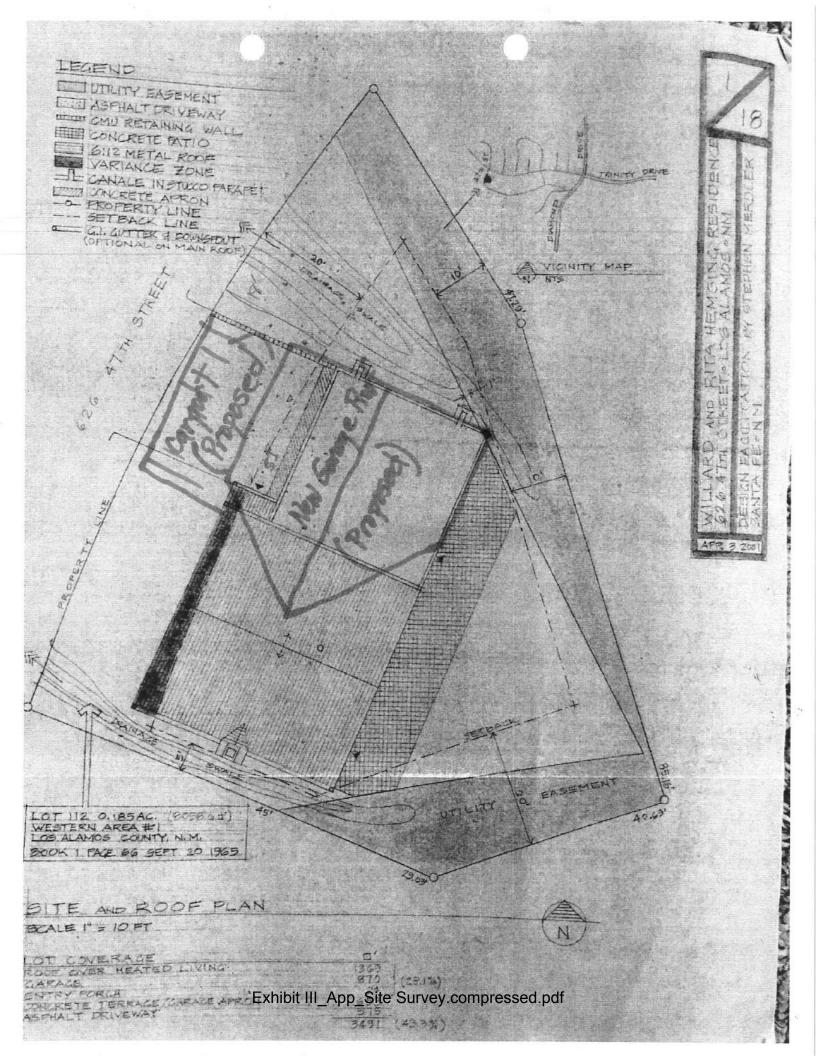
Last form revision: 12-08-14. Previous forms are obsolete. Filed: N:\I PLANNING DIVISION/PIgforms\AppealForms\BOAwaiver-AdminDeviationAppPacket

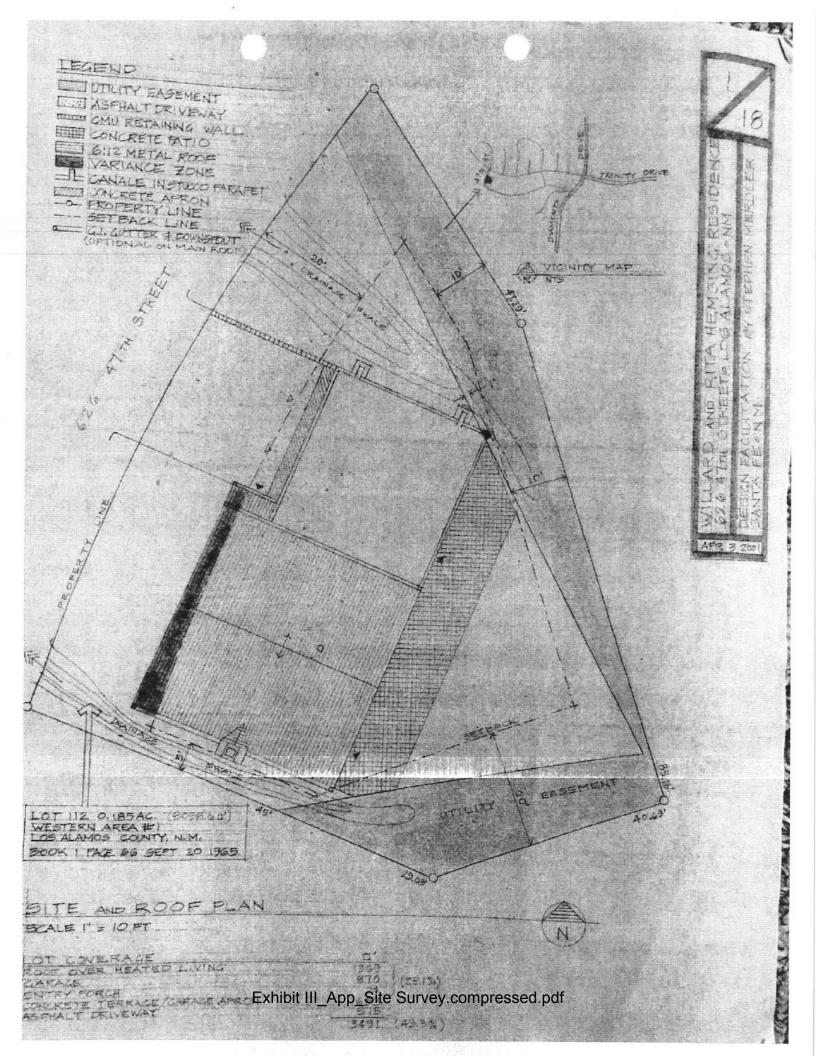
9. LOCATION PLAN Attach a scaled plot plan or survey of your property showing boundaries, any existing and proposed structures, and adjacent streets. Clearly show the area of the proposed waiver or administrative deviation with dimensions clearly marked.
10. CRITERIA QUESTIONAIRE To approve your application for a waiver, the Board of Adjustment must find that your application meets all the following criteria as listed in code Section 16-157. Please explain how your request meets <u>each</u> of the following requirements:
A. Granting of the waiver will not cause an intrusion into any utility or other easement unless approved by the owner of the easement.
B. The waiver request is caused by a practical difficulty or hardship inherent in the lot or lot improvements and the difficulty or hardship has not been self-imposed.
The small lot size and irregular shape make snow removal difficult. Snow that slides off the house roof down to the garage roof has piled more than 6ft deep. Six or more feet deep heavy snow impose a tremendous load on the garage roof structure. In past years, I have shoveled snow off from the garage roof to reduce the excessive weight.
I am 71 years old and am concerned about snow removal and safety: shoveling snow accumulation from the garage roof, sloping driveway, and sidewalk presents a falling hazard.
C. Granting of the waiver will not create a health or safety hazard or violate building code requirements. No to best of our ability will not create one.

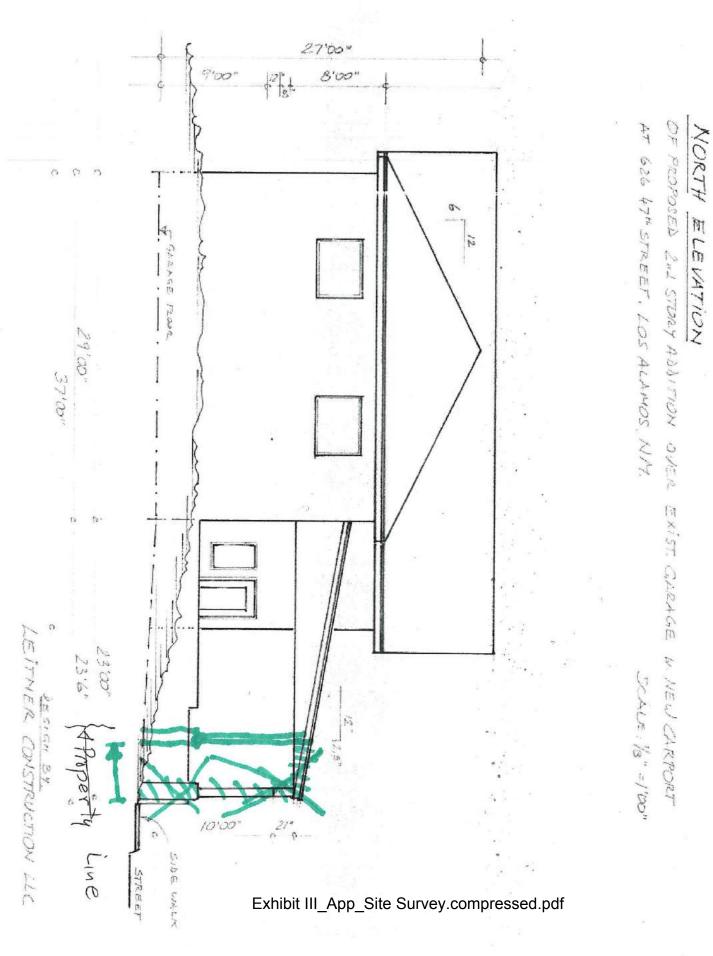
C__D Application Number: ____-BOA-__

D. Granting of the waiver will not create any significant negative physical impacts on property within 100 yards of the subject property such as reduced sight lines, loss of privacy, decreased security, increased noise, objectionable odors, intrusion of artificial light, the casting of unwanted shadows, or similar negative impacts.
It will not affect neighbor views,
It will not affect neighbor views, or maneuvering.
12. PROPERTY OWNER'S CERTIFICATION & SIGNATURE I hereby acknowledge that I have read the contents of this application packet, and that the information supplied in this application is correct. I further agree not to start construction or authorize others to start until the application has been approved.
Sign and Date Here: Willard Henusing May 2, 2016
13. APPLICANT'S STATEMENT & SIGNATURE (IF DIFFERENT FROM PROPERTY OWNER) I hereby acknowledge that I have read this application and accompanying information and obtained the owner's approval to submit this application. I further state that the information in this application is correct and that I agree not to do any work covered by this application until and unless it is approved.
Sign and Date Here: MA
14. Fee Payment \$250 Check payable to Los Alamos County

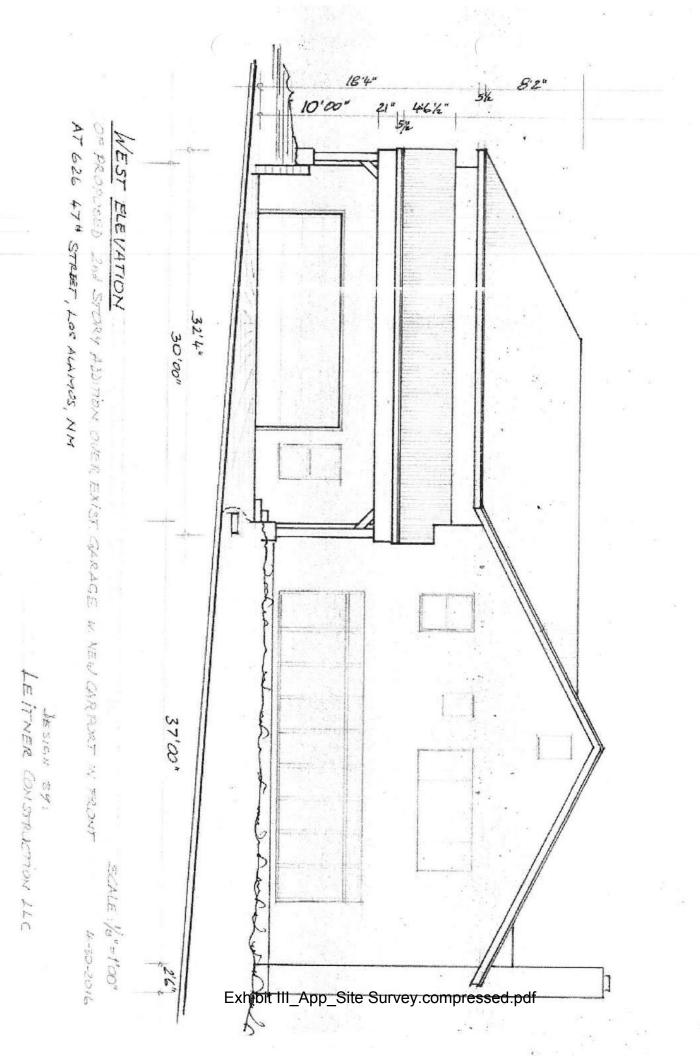
NOTE: A written request to withdraw an application that is received by the Community Development Department prior to permit issuance shall receive a full refund. No refund will be given for withdrawal of an application after the issuance of the permit.







5-1-2016



OWNER'S AFFIDAVIT

STATE OF NEW MEXICO COUNTY OF LOS ALAMOS

SS.

Well Willard Hemsing (Please print Name/Names in Full)

being duly sworn, depose and say that (I am) (we are) the owner (s) of the property located at

626 47 th St, (Address)

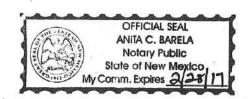
County of Los Alamos, for which (I am) (we are) requesting a Building Permit through the County of Los Alamos. Furthermore, (I) (we) hereby appoint Hans Leitner to act as our authorized agent on our behalf on all matters pertaining to the processing and obtaining of said permit with the exception of legal documents for recording purposes.

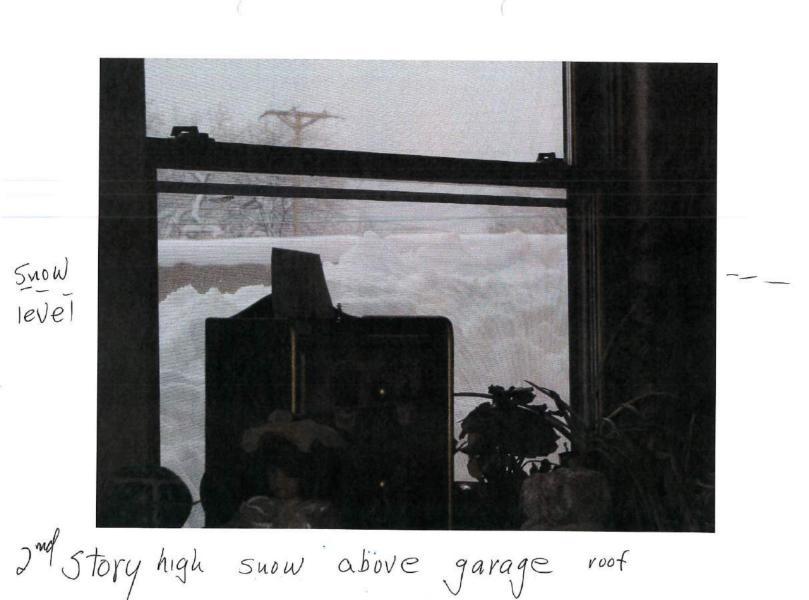
Signed: <u>Willoud Remain</u> Address: <u>626 47 ^M ST</u> Phone: <u>662</u> 2024

Subscribed and sworn to before me this

<u>A</u> day of <u>May</u>, 20<u>16</u>. <u>Amte C. Bauk</u> Notary Public

My Commission Expires: 2/28/17

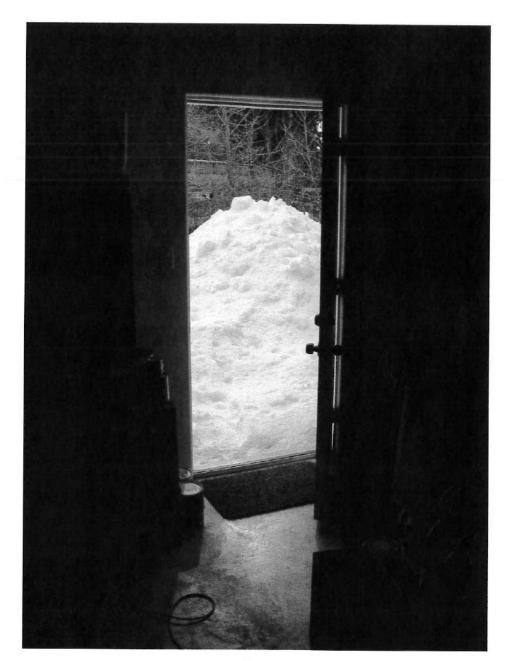




Snow level A Snow on Garage roof Second floor Window



Show falls in front of entrance from voof



Show shoveled from garage roof



Snow on garage roof - shoveling partially complete

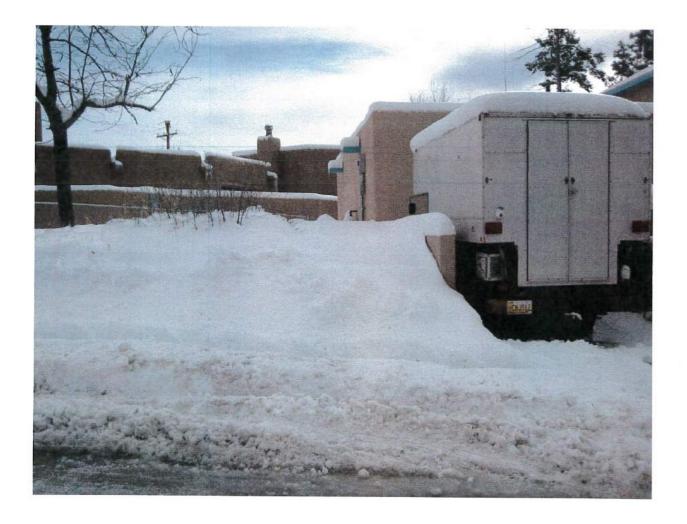


Snow shoveled from driveway



Shoveled snow pile from driveway





OWNER'S AFFIDAVIT

STATE OF NEW MEXICO COUNTY OF LOS ALAMOS

SS.

Well Willard Hemsing (Please print Name) Names in Full)

being duly sworn, depose and say that (I am) (we are) the owner (s) of the property located at

626 47th St (Address)

County of Los Alamos, for which (I am) (we are) requesting a Building Permit through the County of Los Alamos. Furthermore, (I) (we) hereby appoint Hans Leitner to act as our authorized agent on our behalf on all matters pertaining to the processing and obtaining of said permit with the exception of legal documents for recording purposes.

Signed: <u>Willand Hernsing</u> Address: <u>626 44 H St</u>

Phone: 505 662 2024

Subscribed and sworn to before me this

2 day of <u>May</u>, 20<u>16</u>. <u>Amtec Bonle</u> Notary Public

My Commission Expires: 2/28/17



