



## Town of West Tisbury

### PLANNING BOARD

P. O. Box 278

West Tisbury, MA 02575-0278

508-696-0149

[planningboard@westtisbury-ma.gov](mailto:planningboard@westtisbury-ma.gov)

### APPLICATION FOR SPECIAL PERMIT

**Date:** \_\_\_\_\_

**Date Received by Planning Board:** \_\_\_\_\_

**Name of Applicant and Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone Number(s):** \_\_\_\_\_

**Name of Owner and Mailing Address (If not Applicant):** \_\_\_\_\_  
\_\_\_\_\_

**Map and Lot # and Street Address of Subject Property:** \_\_\_\_\_  
\_\_\_\_\_

**Applicant is:** \_\_\_\_\_ (Owner, Tenant, Purchaser, Other)

**Applicable Section of Zoning Bylaw:** \_\_\_\_\_

**Date(s) and Title(s) of Plans Submitted:** \_\_\_\_\_  
\_\_\_\_\_

**Brief Description of Proposal:**

I hereby request a hearing before the West Tisbury Planning Board with reference to the above noted application.

**Signed:** \_\_\_\_\_

**Title(s):** \_\_\_\_\_

**Application fee of \$150.00 is required. Date Paid:** \_\_\_\_\_

**FOR PLANNING BOARD USE**

**Size of Subject Lot:** \_\_\_\_\_ **Zoning District:** \_\_\_\_\_

**Registry Book and Page #'s and Date** \_\_\_\_\_

**Other Boards Involved with the Permitting:**

\_\_\_\_\_

**Within an Overlay District?**

\_\_\_\_\_

**Martha's Vineyard Commission Referral Required?** \_\_\_\_\_ **If So, MV Checklist**  
**Items:** \_\_\_\_\_