

Received by the Town Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

Application complete \_\_\_\_\_

Application incomplete \_\_\_\_\_

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

APPLICATION COVER PAGE

Date: 3/25/2022 Date Received by ZBA: \_\_\_\_\_  
WIL Sideman (manager)

Name of Applicant and Mailing Address: Susan SHAPIRO MAGDANZ & Andrew MAGDANZ  
P.O. Box 1078 683 State Rd W.T MA 02575

Email Address: SMAGDANZ@ME.COM Telephone Number: 617 901 4708

Name of Owner and Mailing Address (If not Applicant): SAME

Map and Lot #: 22 34 Book/Page 764 262

Street Address of Subject Property: 683 State Rd West Tisbury

Applicant is: owner (Owner, Tenant, Purchaser, Other)

Nature of Application (Special Permit, Appeal, Variance): Special Permit

Applicable Section of Zoning Bylaw: 9. 3-3

Date of Denial by Building Inspector, Zoning Inspector, or Planning Board \_\_\_\_\_  
(If Applicable): 3-2-2022

Plot Plan: Must provide a plan by a registered surveyor showing the total property with the existing buildings, including the proposed project, all setback distances to be provided.

Plans: 2 sets of scaled drawings of floor plans that show total sq. ft. per floor (measured from exterior of wall), at least 2 elevations with one showing proposed height to ridge. If the project is an addition to existing structure please clearly identify proposed work.

Description of proposed project: Please attach a detailed narrative.

I have read the overview of the ZBA process attached to this application and completed all sections of the application cover page and therefore request a hearing before the West Tisbury Zoning Board of Appeals with reference to the above noted application.

Signer: \_\_\_\_\_  
Title(s): owner

Application fee of \$200.00 is required. Date Paid: \_\_\_\_\_  
enclosed # 5009

BUILDING PERMIT APPLICATION REVIEW

To be filed with the Zoning Inspector

West Tisbury, Ma.

2/20 1992

To the Zoning Inspector:

The undersigned herewith submits a plan of a building on property located

MAP 22 Lot 34+35

purchased \_\_\_\_\_ 19\_\_\_\_, deeded and recorded in the \_\_\_\_\_

Registry Book \_\_\_\_\_ Page \_\_\_\_\_ Date \_\_\_\_\_.

West Tisbury Assessors' Map \_\_\_\_\_ Lot \_\_\_\_\_.

The uses of this proposed building will be: SINGLE FAMILY + HOME BUSINESS

Will the proposed building be in a District of Critical Planning Concern? YES

A sketch of the site and building location are attached. ROADSIDE

Name of owner Susan SHAPIRO MAGDANZ

Address \_\_\_\_\_

Signature

X [Signature]

Reviewed by Zoning Inspector [Signature] 16 Mar 19 92.

The Zoning Inspector has no objection to the issuance of a building permit.

Comments: OK [Signature] 3-16-92

pink