

Received by the Town Clerk: Date: _____

Application complete _____

Signed: _____

Application incomplete _____

APPLICATION COVER PAGE

Date: 4.29.20 Date Received by ZBA: _____

Name of Applicant and Mailing Address: DEBRA CEDENO

PO BOX 231, WEST TISBURY, MA 02575

Email Address: debra@architecture-indigo.com Telephone Number: 508.985.8279 (cell)

Name of Owner and Mailing Address (If not Applicant): APPL. IS OWNER.

Map and Lot #: MAP 17, LOT 45

Street Address of Subject Property: 182 OTIS BASSETT RD.

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

Nature of Application (Special Permit, Appeal, Variance): VARIANCE & SPECIAL PERMIT.

Applicable Section of Zoning Bylaw: 4.3-3(D) VAR 4.4-3(A) SPEC. PERM.

Date of Denial by Building Inspector, Zoning Inspector, or Planning Board
(If Applicable): _____

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.

Signed: Debra Ceden

Title(s): OWNER

Application fee of \$200.00 is required. Date Paid: _____

ARCHITECTURE + INDIGO, LLC

53-7292/2113

2543

PH. 508-687-9531

PO BOX 231

WEST TISBURY, MA 02575

DATE 4.10.20



PAY TO THE
ORDER OF

TOWN OF WEST TISBURY

\$ 200.00

TWO HUNDRED DOLLARS & NO/100 DOLLARS



Security Features
Included
Details on Back



Martha's Vineyard

SAVINGS BANK
Edgartown, MA

MEMO

BBA FILING FEE.

MP

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