

Received by the Town Clerk: _____ Date: _____

Application complete _____

Application incomplete _____

Signed: _____

APPLICATION COVER PAGE

Date: 4-16-2020 Date Received by ZBA: _____

Name of Applicant and Mailing Address: Diana Gilmore

P.O. Box 1246 Wt MA 02575

Email Address: dgilmore1246@wtma.com Telephone Number: 774-563-1004

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

Map and Lot #: 10 199.2

Street Address of Subject Property: 26 Machipscat Trail

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

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

Applicable Section of Zoning Bylaw: 4.4-3 4.4-4

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: Diana Gilmore

Title(s): _____

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

FOR ZONING 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: _____