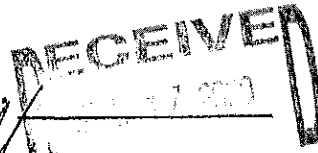


Received by the Town Clerk:

Date:



Signed:

[Signature]

BY:

Application complete _____

Application incomplete _____

APPLICATION COVER PAGE

Date: 7/17/20

Date Received by ZBA: _____

Name of Applicant and Mailing Address: Alison and Joe Thompson

PO Box 476 West Tisbury, MA 02575

Email Address: alison@fitmv.com Telephone Number: 508-560-3239

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

Map and Lot #: 11-48

Street Address of Subject Property: 329 State Rd

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

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

Applicable Section of Zoning Bylaw: Section 8.5-4(c), 11.1-3(A) & 4.3-3(d)

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:

[Signature]

Title(s):

owner

Application fee of \$200.00 is required. Date Paid: 7/17/20 OK #1240