

RECEIVED
JAN 03 2020

Received by the Town Clerk:

Date:

Application complete _____

Signed:

[Signature] 1/3/20

Application incomplete _____

APPLICATION COVER PAGE

Date: _____ Date Received by ZBA: _____

Name of Applicant and Mailing Address: Patient Centric of Martha's Vineyard, Ltd.
90 Dr. Fisher Road, West Tisbury, MA 02575

Email Address: grose@pcmv.com Telephone Number: (774) 836-4397

Name of Owner and Mailing Address (If not Applicant): Travis Thurber and Ian Thurber, Trustees,
510 Nominee Trust, 455 State Road, Vineyard Haven, MA 02568

Map and Lot #: Map 16, Lot 101

Street Address of Subject Property: 510 State Road, West Tisbury, MA 02568

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

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

Applicable Section of Zoning Bylaw: Section 3.1-1 and Section 9.3-3 (a)

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]*
Geoff Rose

Title(s): Founder and Chief Executive Officer

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