

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

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

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

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

### APPLICATION COVER PAGE

Date: 7.16.2020

Date Received by ZBA: \_\_\_\_\_

Name of Applicant and Mailing Address: Moira D Fitzgerald

PO Box 265 Oak Bluffs MA 02557

Email Address: moira@mdfarchitect.com Telephone Number: 508-693-6119

Name of Owner and Mailing Address (If not Applicant): Alex Senchak and  
Rumena Manolova

57 Duarte Pond Rd West Tisbury

Map and Lot #: Map 3 Lot 65.22

Street Address of Subject Property: 57 Duarte Pond Rd West Tisbury

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

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

Applicable Section of Zoning Bylaw: Section 11.1-3 (A)

Date of Denial by Building Inspector, Zoning Inspector, or Planning Board  
(If Applicable): 7.16.2020 - verbal

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: Moira D Fitzgerald

Title(s): Architect

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:**

\_\_\_\_\_