

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

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

**APPLICATION COVER PAGE**

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

Name of Applicant and Mailing Address: Jessica Holtham

PO Box 145, Chilmark, MA 02535

Email Address: jaholtham@gmail.com      Telephone Number: 508-560-2993

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

Map and Lot #: 31-34.1      Street Address 575 Edgartown Rd.

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

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

Applicable Section of Zoning Bylaw: 4.2-2D4 and 11.2-2 - Garage w/35 ft. setback relief

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 and driveway access to road.**

         **Floor Plans and Elevations: 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.**

         **Narrative: Detailed description of proposed project.**

         **Application fee of \$200.00 payable to: The Town of West Tisbury.**

**I have read the overview of the ZBA process attached to this application, completed all sections of the application cover page and provided all required documentation and therefore request a hearing before the West Tisbury Zoning Board of Appeals with reference to the above noted application.**

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

Title(s): \_\_\_\_\_

Application fee of \$200.00 is required.      Date Paid: WAIVED per vote of the ZBA