



Received by the Town Clerk:

Date: 1/10/22

JAN 10 2022

Application complete
Narrative rec on 1/10/22
Application incomplete

Signed: _____

APPLICATION COVER PAGE

Date: 12/7/21

Date Received by ZBA: _____

Name of Applicant and Mailing Address: DOUGLAS F. BEST

PO Box 1358, Vineyard Haven, MA 02568

Email Address: iamdbestmv@aol.com Telephone Number: 508-737-3278

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

Map and Lot #: 34 6

Street Address of Subject Property: 1201 State Rd.

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

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

Applicable Section of Zoning Bylaw: ~~4.1-3(A), 4.3-3(D)~~ & 9.3-3

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): _____

Application fee of \$200.00 is required. Date Paid: 12/7/21