



Town of West Tisbury
PLANNING BOARD
P. O. Box 278
West Tisbury, MA 02575-0278
508-696-0149
planningboard@westtisbury-ma.gov



APPLICATION FOR A SPECIAL PERMIT

Date: 3/2/23

Date Received by Planning Board: _____

Name of Applicant and Mailing Address: Christopher W. Cottrell
PO Box 2001 Oak Bluffs Ma 02557

Telephone Number(s): 508 627 2895

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

Map and Lot # and Street Address of Subject Property: 15-1
274 Indian Hill Rd. West Tisbury Ma 02575

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

Applicable Section of Zoning Bylaw: 4.4-8

Date(s) and Title(s) of Plans Submitted: Barn Project 11/29/22

Description of Proposal: To Rescind the decision of the Planning Board to Deny my request for a special permit.

I hereby request a review and/or hearing before the West Tisbury Planning Board with reference to the above noted application.

Signed: CLW

Title(s): owner

Application Fee of \$150.00 is required. Date Paid: 3/2/22

FOR PLANNING 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: _____