



Town of West Tisbury

PLANNING BOARD

P. O. Box 278

West Tisbury, MA 02575-0278

508-696-0149

planningboard@town.west-tisbury.ma.us

APPLICATION FOR SPECIAL PERMIT

Date: 1/4/24

Date Received by Planning Board: _____



Name of Applicant and Mailing Address: Kaitlin Dore
20 Skiffs Lane Vineyard Haven MA 02568

Telephone Number(s): 774-263-5152

Name of Owner and Mailing Address (If not Applicant): Maurice + Susan Dore
26 Crocker Dr Edgartown MA 02539

Map and Lot # and Street Address of Subject Property: 17-3-2
20 Skiffs Lane

Applicant is: Daughter (Owner, Tenant, Purchaser, Other)
This is my Primary Residence

Applicable Section of Zoning Bylaw: _____

Date(s) and Title(s) of Plans Submitted: _____

Brief Description of Proposal: Move driveway from Skiffs to
Old County Rd.

136 Old County Rd
Dore

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

Signed: Katherine Owen

Title(s): _____

Application fee of \$150.00 is required. Date Paid: \$150 ✓

FOR PLANNING BOARD USE

hoyisost

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: _____