



Town of West Tisbury  
PLANNING BOARD  
P. O. Box 278  
West Tisbury, MA 02575-0278  
508-696-0149  
[planningboard@town.west-tisbury.ma.us](mailto:planningboard@town.west-tisbury.ma.us)

APPLICATION FOR SITE PLAN REVIEW

Date: 4/21/2023

Date Received by Planning Board: \_\_\_\_\_

Name of Applicant and Mailing Address: MICHAEL FLETCHER  
PO BOX 846 OAK BLUFFS 02567

Telephone Number(s): 508-259-0344

Name of Owner and Mailing Address (If not Applicant): ANDREW + JULIE DOYLE  
51 COOLIDGE CIRCLE NORTHBOROUGH MA. 01532

Map and Lot # and Street Address of Subject Property: 7-141-0  
6 FOURWAY

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

Applicable Section of Zoning Bylaw: 301.1

Date(s) and Title(s) of Plans Submitted: 2/23/22 SITE PLAN  
10/21/22 FULL DRAWING SET 2/17/22 SEPTIC PLAN

Brief Description of Proposal: ADD NEW SEPTIC SYSTEM  
15' X 24' ADDITION TO GET MASTER BEDROOM ON 1ST FLOOR  
UPGRADE SOME OF INTERIOR

EXISTING SQ FT = 2392  
ADDITION SQ FT = 1088  
3480 +/-

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

Signed: Michael J. Hester

Title(s): AUTHORIZED AGENT

Per Section 9.1-3B. of the Zoning Bylaw, should the Planning Board deem that a public hearing is appropriate, an application fee of \$150.00 is required.

Date Paid: \_\_\_\_\_

**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: \_\_\_\_\_