



**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: 9/2/21

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

Name of Applicant and Mailing Address: Patti Roads  
30A Dr. Fisher Rd, West Tisbury, MA 02575

Telephone Number(s): 413-281-8080

Name of Owner and Mailing Address (If not Applicant): Patti Roads  
30A Dr. Fisher Rd, Vineyard Haven, MA 02568

Map and Lot # and Street Address of Subject Property: 21-13-4.1

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


Applicable Section of Zoning Bylaw: \_\_\_\_\_

Date(s) and Title(s) of Plans Submitted: \_\_\_\_\_

**Brief Description of Proposal:**

TD add a bathroom to an office being built on the property.

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

Signed:   
Title(s): Patti Roads  
Home owner

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: \_\_\_\_\_