



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: 6/8/2023

Date Received by Planning Board: _____

Name of Applicant and Mailing Address: Farley Pedler
PO Box 1491

Telephone Number(s): 508-560-3400

Name of Owner and Mailing Address (If not Applicant): _____
David Fielder, PO Box 1470

Map and Lot # and Street Address of Subject Property: _____
21-13-0-R, 74 Dr Fisher Rd

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

Applicable Section of Zoning Bylaw: _____

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

Description of Proposal:

Review of cut trees within 20' of Dr Fisher Rd: with Mr Fielders permission, I cut select trees to improve emergency access of the road. I was unaware that Dr Fisher Road is designated a Scenic Way, which requires review and approval from the West Tisbury Planning Board. I would like to apologize for my mistake and oversight. I would also like to have a conversation with the board about what is allowed for regular maintenance, what is expected for emergency access, who is liable in an emergency if a section of the roadway is in accessible to emergency vehicles.

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

Signed:  _____

Title(s): _____

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: _____