

## **Edgartown Planning Board**

P.O. Box 5130, 70 Main Street, Edgartown, MA 02539 Tel: (508) 627-6170 Fax: (508) 627-6173 planningboard@edgartown-ma.us

## **Request for DE MINIMIS DETERMINATION**

Appli	cant N	lame:				
Applicant Telephone: email:						
			dress:			
Project Address: Project						
Proje	ct Zor	ning (includ	de overlay districts):			
Natur	re of r	on-confor	mity:			
Chan	ges to	Project:				
			use additional sheets if necessary			
ilaaA	cant (	Must Provi			ceessary	
1. 1			an showing changes (if any)		Elevations showing changes	
			tive, describing changes to proposa			
Ques	_		r in determination:	-	YES / NO	
			osal change footprint?		,	
			osal change height of existing struc	cture?		
			osal add living space?			
			osal increase or decrease non-conf	ormity?		
			osal meet zoning?	•		
			osal change use?			
	7.	Does prop	osal demolish any section?			
		if so, I	by what percentage?			
	8.	Will some	one be materially impacted?			
Requested by Applica			ınt (sign):		Date:	
			OFFICE USI	F ONLY		
			3.1.32 33.			
t was MOVED by			SECONDED by			
1	that	that the above referenced project as proposed is "de minimis", and requires no				
	further action by the Planning Board.					
. 1	Th a		at dagged ("dagged insig") and fourth as		Namina Board is required	
]	The project is not deemed "de minimis", and further action by the Planning Board is required.					
					VOTED:///	
So Cert	tified:				<del></del>	
ucy M	Inrriso	n Chairmar	for the Edgartown Planning Board		Date of Vote	