

EDGARTOWN ZONING BOARD OF APPEALS
APPLICATION FOR HEARING

Date: _____

Name and mailing address of applicant or appellant: _____

Name and mailing address of legal owner (as it appears on the deed): _____

Name and mailing address of person representing applicant (a letter of authorization signed by applicant/owner must be submitted as part of this application): _____

Telephone number of contact person: (W) _____ (Cell) _____

Email address of contact person: _____

Location of Property/Street Name: _____

Dukes County Registry of Deeds: Book # _____ Page # _____

Town of Edgartown Assessors Map # _____ Lot # _____

Edgartown Zoning District: _____

Nature of Application or Appeal (use additional pages if necessary):

available on the town's website or by contacting the Zoning Board office. Please note that seven copies of all plans and elevations must be submitted with this application. Applicant should also email an electronic copy of all documents to the Zoning Board office.

I HEREBY REQUEST A HEARING BEFORE THE BOARD OF APPEALS WITH REFERENCE TO THE ABOVE NOTED APPLICATION OR APPEAL.

SIGNED: _____

TITLE: _____

DATE: _____

Office Use Only

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DATE OF REFERRAL BY BUILDING/ZONING INSPECTOR: _____

Under section(s) _____ of the Edgartown Zoning Bylaws

IF THIS APPLICATION IS SUBMITTED AND IT IS NOT COMPLETE IT WILL BE RETURNED BY CERTIFIED MAIL