

Application to
WEST TISBURY HISTORIC DISTRICT COMMISSION

All applications should be submitted in person or by mail or email to office of Building Inspector, Town Hall, P.O. Box 278, West Tisbury MA 02575 (inspect@westtisbury-ma.gov)

For questions re application contact Sean Conley, Chair WTHDC 508-693-6677 (nautilus@vineyard.net)

Check type of Certificate applied for:

:

CERTIFICATE OF APPROPRIATENESS for work as described and exhibits filed.

CERTIFICATE OF NON-APPLICABILITY for the following reasons:

Not visible from any public street, public way, public park, or public body of water.

Reconstruction similar to original following fire or other disaster.

Maintenance, repair or replacement, using same design, materials, colors.

Proposed work, materials and colors exempted from review by the Commission.

Meeting requirements certified by authorized public officer to be necessary for public safety because of unsafe condition.

Other.

CERTIFICATE OF HARDSHIP for a determination as to whether owing to conditions especially affecting the building or structure involved, but not affecting the historic district generally, failure to approve an application will involve a substantial hardship to the applicant, and as to whether such application may be approved without substantial detriment to the public welfare, and without substantial derogation from the intent of the WTHD By-Law.

LOCATION OF WORK _____ Assessor's Map _____ Lot _____

OWNER:

Name _____

Mailing address _____

Email _____ Telephone _____

APPLICANT (if not Owner):

Name _____

Mailing Address _____

Email _____ Telephone _____

DESCRIPTION OF PROPOSED EXTERIOR WORK: attach to application if space needed

EXHIBITS: Drawings, specifications, photographs, materials and colors attached to application.

CHECKLIST:

___ site plans showing existing structures and proposed changes

___ photographs of existing conditions

___ list of materials and /or color samples / catalog cuts

___ scaled architectural drawings of proposed work if required

Signatures

OWNER and /or Date

APPLICANT Date

Incomplete applications will be returned.

Received by WTHDC: Date _____ By _____