



TOWN OF OAK BLUFFS Zoning Board of Appeals Request for a Hearing

_____, 20__

PLEASE PRINT

Applicant Information:

HALCOTT GRANT 6175667755 SGBLDRS@gmail.com
Name (print) Phone Email
16 ATLANTIC AVE / 37 SILVER HILL RD OAK BLUFFS
Address WESTON PO Box MA 02493 City/Town

Property in Oak Bluffs to be reviewed by the OB ZBA

Map 2 Lot 61.2 Street Address 16 ATLANTIC AVE
 Property Owner HALCOTT GRANT
 Business Owner _____

The Applicant is Petitioning the Zoning Board of Appeals for (please Check):

- Special Permit OB Bylaws S. 10.3 MGL C.40A §§ 6, 9
- Variance OB Zoning Bylaws S. 10.2.2 MGL C. 40A §10
- Review a Zoning Action or Enforcement or Lack thereof. Zoning Bylaws S. 10.2.3, MGL C. 40A §§8, 15

The undersigned hereby petitions the Board of Appeals to grant a Special Permit, Variance, or to Review a Zoning Decision or any action or lack of enforcement pertaining thereto of the Zoning By-Laws of the Town of Oak Bluffs at the address located at 16 ATLANTIC AVE, in the Town of Oak Bluffs, in the following respect: PERMISSION FOR ~~ACCESSORY~~ ACCESSORY

APARTMENT -

Relating to Section(s) _____ of The Town of Oak Bluffs Zoning Bylaws

Name HALCOTT GRANT

Signature [Handwritten Signature]

Oak Bluffs, MA
 Town Clerk's Office
November 16 20 21
 Rec'd for Record
 AT H M M
 3:23 PM