



**TOWN OF AQUINNAH**

**Application for a Zoning Determination**

**Date** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Tel#** \_\_\_\_\_ **Email** \_\_\_\_\_

**Name of Property Owner:** \_\_\_\_\_

*(If same as Applicant leave blank)*

**Mailing Address** \_\_\_\_\_

**Tel#** \_\_\_\_\_ **Email** \_\_\_\_\_

**Project Location:** \_\_\_\_\_ **Map** \_\_\_\_\_ **Lot** \_\_\_\_\_

**Project Description** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The undersigned hereby requests a Zoning Determination from the Aquinnah Planning Board Plan Review Committee under section 13.14-1 of the Aquinnah Zoning Bylaws**

**Signature of Applicant** \_\_\_\_\_