

Martha's Vineyard Commission – Referral Form for Developments of Regional Impact

RETURN THIS FORM WITH DRI REFERRAL

STATEMENT FROM MUNICIPAL LAND USE REGULATORY AGENCY: This Board has determined that the proposed project, for which application for a development permit has been made, is one of regional impact using the following criteria:

(Please circle the appropriate number or numbers using the DRI Checklist Standards & Criteria)

- 1.1 a) Discretionary Referral – “In-Town”
- 1.1 b) Discretionary Referral – “Between-Town”
- 1.1 c) Discretionary Referral – “Island-Wide”

1.2 Previous DRI's – Modification

- 2.1 Division of Land – Commercial
- 2.2 a) Division of Land – 10 or more lots
- 2.2 b) Division of Land – 6 or more lots (rural)
- 2.3 a) Division of Land – 10-16 acres, 3+ lots
- 2.3 b) Division of Land – 16-22 acres, 4+ lots
- 2.3 c) Division of Land – 22-30 acres, 5+ lots
- 2.3 d) Division of Land – 30+ acres, 6+ lots
- 2.4 a) Division of Farm Land – current
- 2.4 b) Division of Farm Land – Since 1974
- 2.4 c) Division of Farm Land- Prime Ag. Soil
- 2.5 Division of Habitat
- 2.6 ANR of 3 or more lots, or in Island Road or Coastal DCPC
- 3.1 a) Dev. of Commercial – 3,500 s.f.
- 3.1 b) Dev. of Comm – 2,500-3,000 s.f.
- 3.1 c) Dev. of Comm – Aux. of 1,000 s.f.
- 3.1 d) Dev. of Comm – Combination 2,500 s.f.
- 3.1 e) Dev. of Comm – 6,000 s.f. Outdoor Use
- 3.1 f) Dev. of Comm – Change of Use
- 3.1 g) Dev. of Comm – Increased Intensity
- 3.1 h) Dev. of Comm – Parking 10+ vehicles
- 3.1 i) Dev. of Comm – High Traffic Generator
- 3.2 a) Mixed Use – 3,500 s.f.
- 3.2 b) Mixed Use – 4+ units
- 3.3 a) Changed Threshold – B-I and B-II Districts with Area Development Plans
- 3.3 b) Changed Threshold – Special Permit
- 3.3 c) Changed Threshold – no other trigger
- 3.4 a) Vehicular Refueling
- 3.4 b) Storage of fuel
- 3.4 c) Drive-thru window service
- 3.4 d) Restaurant in B-I (50+ seats)
- 3.4 e) Restaurant outside B-I
- 3.4 f) Formula Retail

- 3.4 g) Container or Trailer used for Storage
- 4.1 a) 10 or more Dwelling Units
- 4.1 b) 10 or more Rooms for Rent
- 4.1 c) 10 or more Dwelling Units or Rooms
- 5.1 a) Development in Harbors
- 5.1 b) Development in 10+ Acre Body of Water
- 5.1 c) Development in the Ocean
- 5.2 Change in Intensity of Use of Comm. Pier
- 5.3 a) New Comm. Facilities on Pier
- 5.3 b) Expansion of Comm. Facilities on Pier
- 5.3 c) Change in Intensity of Use of Pier
- 6.1 a) Private Place Assembly – 3,500+ s.f.
- 6.1 b) Private Place Assembly – 50+ seats
- 6.2 a) Public Place Assembly – 3,500+ s.f.
- 6.2 b) Public Place Assembly – 50+ seats
- 7.1 a) Transportation Facility to or from M.V.
- 7.1 b) Transportation Facility – Internal System
- 8.1 a) Demolition/Ext. Alt. of Historic Structure
- 8.1 b) Demolition/Ext. Alt Structure > 100 years
- 8.2 Archeology
- 8.3 Significant Habitat
- 8.4 a) Coastal DCPC – New access to coast
- 8.4 b) Coastal DCPC – New hard surface
- 8.4 c) Coastal DCPC – New parking for 5 vehicles
- 8.4 d) Coastal DCPC – Development on Noman's
- 8.5 a) Development on Current Farmland
- 8.5 b) Development on Former Farmland
- 8.5 c) Development on Prime Agricultural Soils
- 8.6 Development designated in DCPC
- 9.1 a) Telecommunications Tower over 35 feet
- 9.1 b) Telecommunications Tower Reconstruction
- 9.2 a) Wind Energy Facilities over 150 ft
- 9.2 b) Wind Energy Facilities in Ocean Zone
- 9.2 c) Wind Energy Facilities in Land Zone
- 9.2 d) Wind Energy Facilities near Town Bound
- 9.2 e) Wind Energy Facilities other
- 9.3 Solar Facilities greater than 50,000 s.f.

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Name of Applicant: DLCD, LLC C/O Margie Gladstone - David Garvin, Builder

Name of Project: 453 Main Street Deck Expansion

Brief Project Description: Expansion of existing deck by 338 square feet.

Address: 453 Main Street, Vineyard Haven, MA 02568

Phone: 508-932-7057 Fax: _____ Email: onecut10@aol.com

This project will require the following permits from the following local Boards: (Please Specify)

Building Permit: Tisbury Building Department

Board of Selectmen: N/A

Board of Health: N/A

Conservation Commission: N/A

Planning Board: Site Plan Review Required - Inland Zone of the Coastal District

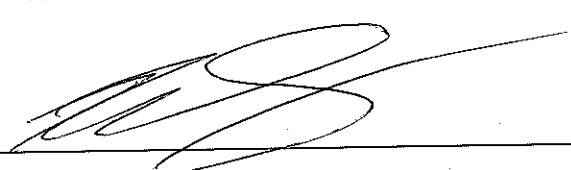
Zoning Board of Appeals: N/A

Other Boards: N/A

For Town Use Only

Referring Board or Agent: Tisbury Building Commissioner - Ross P. Seavey

I have reviewed the development application and have determined that it meets one or more of the items contained in the Standards & Criteria, I am therefore sending, via certified mail, the development application to the Martha's Vineyard Commission as a Development of Regional Impact.

Signature: 

Print Name: Ross P. Seavey

Board: Tisbury Building Department

Town: Tisbury

T: 508.693.3453 • F: 508.693.7894 • P.O. Box 1447 • 33 New York Avenue • Oak Bluffs, MA 02557

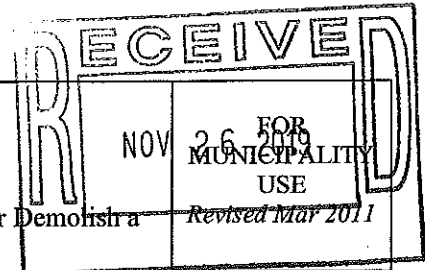
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MARTHA'S VINEYARD COMMISSION • SERVING AQUINNAH, CHILMARK, EDGARTOWN, GOSNOLD, OAK BLUFFS, TISBURY & WEST TISBURY



The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR

Building Permit Application To Construct, Repair, Renovate Or Demolish a
One- or Two-Family Dwelling



This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____

Building Official (Print Name) _____ Signature _____ Date _____

SECTION 1: SITE INFORMATION

1.1 Property Address: 453 Main St		1.2 Assessors Map & Parcel Numbers 5 F14 + 1e5	
1.1a Is this an accepted street? yes <input checked="" type="checkbox"/> no _____		Map Number	Parcel Number
1.3 Zoning Information: R2S Residential		1.4 Property Dimensions: 97,124 sq ft ?	
Zoning District	Proposed Use	Lot Area (sq ft)	Frontage (ft)

1.5 Building Setbacks (ft)					
Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
	25	25	25		100
1.6 Water Supply: (M.G.L.c. 40, §54) Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>		1.7 Flood Zone Information: Zone: _____ Outside Flood Zone? <input type="checkbox"/> Check if yes <input checked="" type="checkbox"/>		1.8 Sewage Disposal System: Municipal <input type="checkbox"/> On site disposal system <input checked="" type="checkbox"/>	

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record: DLCD LLC %Margie Understone Sarasota, FL 34236		
Name (Print)	City, State, ZIP	
100 N. Washington Blvd #201	941 373-0033	DGP.GRAIN@G.P.COM
No. and Street	Telephone	Email Address

SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)

New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Owner-Occupied <input type="checkbox"/>	Repairs(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Demolition <input type="checkbox"/>	Accessory Bldg. <input type="checkbox"/>	Number of Units _____	Other <input type="checkbox"/> Specify: _____		
Brief Description of Proposed Work ² : Expand Front Deck by @ 338 sq ft					

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ 10,000	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier _____ x _____
2. Electrical	\$	2. Other Fees: \$ _____
3. Plumbing	\$	List: _____
4. Mechanical (HVAC)	\$	
5. Mechanical (Fire Suppression)	\$	Total All Fees: \$ _____
6. Total Project Cost:	\$ 10,000	Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____

SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)

DAVID T GARVIN
Name of CSL Holder

9 FIFTH ST N
No. and Street

Edgartown MA 02539
City/Town, State, ZIP

508-932-7057
Telephone

CS-064901 11-2-20
License Number Expiration Date

List CSL Type (see below) V

Type	Description
<input checked="" type="radio"/> U	Unrestricted (Buildings up to 35,000 cu. ft.)
<input type="radio"/> R	Restricted 1&2 Family Dwelling
<input type="radio"/> M	Masonry
<input type="radio"/> RC	Roofing Covering
<input type="radio"/> WS	Window and Siding
<input type="radio"/> SF	Solid Fuel Burning Appliances
<input type="radio"/> I	Insulation
<input type="radio"/> D	Demolition

5.2 Registered Home Improvement Contractor (HIC)

D.T. Garvin Const
HIC Company Name or HIC Registrant Name

9 FIFTH ST N
No. and Street

Edg. MA 02539
City/Town, State, ZIP

Telephone

194547 2/14/21
HIC Registration Number Expiration Date

onecut10@aol.com
Email address

SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152. § 25C(6))

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the Issuance of the building permit.

Signed Affidavit Attached? Yes ☐ No ☐

SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

I, as Owner of the subject property, hereby authorize _____
to act on my behalf, in all matters relative to work authorized by this building permit application.

Print Owner's Name (Electronic Signature)

Date

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

DAVID T. GARVIN
Print Owner's or Authorized Agent's Name (Electronic Signature)

Date

NOTES:

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will not have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

2. When substantial work is planned, provide the information below:

Total floor area (sq. ft.) _____	(including garage, finished basement/attics, decks or porch)
Gross living area (sq. ft.) _____	Habitable room count _____
Number of fireplaces _____	Number of bedrooms _____
Number of bathrooms _____	Number of half/baths _____
Type of heating system _____	Number of decks/ porches _____
Type of cooling system _____	Enclosed _____ Open _____

3. "Total Project Square Footage" may be substituted for "Total Project Cost"