

## City of Newton, Massachusetts

Department of Planning and Development 1000 Commonwealth Avenue Newton, Massachusetts 02459 #378×22 (617) 796-1120 Telefax (617) 796-1142 TDD/TTY (617) 796-1089 www.newtonma.gov

Barney Heath Director

## **Property Owner Authorization**

Date:		
Property Location:		
	Number	Street Address
Property Owner:		
	Name	Contact Number
Current Mailing Addre	ess:	
	Number	Street Name
City/Town	State	Zip Code

I am (we are) the owner(s) of the property subject to this application and I (we) consent as follows:

- 1. This application for a land use permit or administrative approval for development on my (our) property is made with my permission.
- 2. I(we) grant permission for officials and employees of the City of Newton to access my property for the purposes of this application.

NOTICE: The City of Newton's staff may need access to the subject property during regular business hours and will attempt to contact the applicant/agent prior to any visit. Further, members of a regulatory authority of the City may visit the property as well.

The undersigned "Property Owner" assumes full responsibility for compliance with applicable codes, ordinances, regulations, and the City of Newton codes, procedures, and requirements.

I (we) give our permission for the applicant to submit this application as my agent (see Page 2).

NOTICE: The applicant/agent is the primary contact and may be any individual representing the establishment or property owner. The applicant/agent must also be legally authorized to make decisions on behalf of the property owner(s) regarding the application.

Property Owner/Owner Representative Signature:

## ONLY FILL OUT IF YOU ARE NOT THE PROPERTY OWNER OF RECORD#378-22

## **Applicant/Agent Information**

Applicant/Agent: _		
Name		
Applicant/Agent A	ddress:	
Number		Street Name
City/Town	State	Zip Code
Applicant/Agent Si	gnature:	