

## City of Newton, Massachusetts

#### Department of Planning and Development 1000 Commonwealth Avenue Newton, Massachusetts 02459

(617) 796-1120 Telefax (617) 796-1142 TDD/TTY (617) 796-1089 www.newtonma.gov

Barney Heath Director

#### **Property Owner Authorization**

| 6/29/22<br>Date:  |  |  |       |  |
|---|--|--|-------|--|
| Property Location:  | 20 Norwood Avenue  |  |       |  |
|   | Number   | Street Address   |       |  |
| Property Owner: 12  | 0 Norwood Avenue Realty trust  | 120 Norwood Ave  |       |  |
|   | Name   | Contact Number   |       |  |
| Current Mailing Add   | Same as abc 617-620- 2922  | •  |       |  |
| J   | Number   | Street Name  |       |  |
| Newton  | Massachusetts  | 02460  |       |  |
| City/Town   | State  | Zip Code   |       |  |
| property for the NOTICE: The City of I hours and will attempt | ermission for officials and employees the purposes of this application.  Newton's staff may need access to the pt to contact the applicant/agent prior of the City may visit the property as we have t | subject property during regular busin<br>r to any visit. Further, members of a | iess  |  |
| •   | operty Owner" assumes full responsik<br>ons, and the City of Newton codes, pro   |  | odes, |  |
| I (we) give our permi   | ssion for the applicant to submit this   | application as my agent (see Page 2).  |       |  |
| establishment or pro  | nt/agent is the primary contact and m<br>perty owner. The applicant/agent mu<br>f the property owner(s) regarding the  | st also be legally authorized to make  |       |  |
| Property Owner/Ow   | mer Representative Signature:  |  |       |  |
| So  | anleasy  |  |       |  |

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

## **Applicant/Agent Information**

| Applicant/Agent: | Terrence       | P. Morris, Esq. |     |             |  |
|------------------|----------------|-----------------|-----|-------------|--|
|                  | Name           |                 |     |             |  |
|                  |                |                 |     |             |  |
| Applicant/Ag     | ent Address:   |                 |     |             |  |
| 57               | Elm Road       |                 |     |             |  |
| Number           |                | ν γ             | 1 5 | Street Name |  |
| Newton           |                | Massachusetts   |     | 02460       |  |
| City/Town        |                | State           |     | Zip Code    |  |
| Applicant/Ag     | ent Signature: |                 |     |             |  |
|                  | On.            |                 |     |             |  |