



Ruthanne Fuller  
Mayor

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

Telephone  
(617) 796-1120  
Telefax  
(617) 796-1142  
TDD/TTY  
(617) 796-1089  
[www.newtonma.gov](http://www.newtonma.gov)

Barney Heath  
Director

**Property Owner Authorization**

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

**Property Location:** \_\_\_\_\_

Number Street Address

**Property Owner:** \_\_\_\_\_

Name Contact Number

**Current Mailing Address:** \_\_\_\_\_

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**

**Applicant/Agent Information**

**Applicant/Agent:** \_\_\_\_\_  
Name

**Applicant/Agent Address:**

\_\_\_\_\_  
Number Street Name

\_\_\_\_\_  
City/Town State Zip Code

**Applicant/Agent Signature:**

\_\_\_\_\_