

CITY OF NEWTON  
ZONING BOARD OF APPEALS

**COVER PAGE FOR APPLICATION  
FOR COMPREHENSIVE PERMIT**

To be completed by Staff:	Project No.:	Petition No.:
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**APPLICANT INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

POINT OF CONTACT: \_\_\_\_\_

**SUBJECT PROPERTY INFORMATION**

LOCATION OF PROPERTY: \_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_ PROPERTY SBL NO.: \_\_\_\_\_

OWNER OF RECORD: \_\_\_\_\_

DEED RECORDED AT MIDDLESEX SOUTH REGISTRY OF DEEDS AT:  
BOOK: \_\_\_\_\_ PAGE \_\_\_\_\_ OR CERTIFICATE NO.: \_\_\_\_\_

RELATIONSHIP TO SUBJECT PROPERTY:  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION REQUIREMENTS**

THIS COVER PAGE MUST BE SUBMITTED ALONG WITH A COMPLETED APPLICATION IN ACCORDANCE WITH ARTICLE VI OF THE BOARD'S RULES AND REGULATIONS. APPLICATIONS MUST INCLUDE THE MATERIAL REQUIRED IN ARTICLE VI, SECTION 2(1) THROUGH (18).

**IMPORTANT: APPLICANTS MUST HAVE COMPLETED A DRT MEETING AND REQUESTED AND RECEIVED A COMPLETED ZONING REVIEW MEMORANDUM PRIOR TO FILING AN APPLICATION FOR A COMPREHENSIVE PERMIT.**

**APPLICANT/PROPERTY OWNER CONSENT, CERTIFICATION & SIGNATURE**

*(Signatures are required)*

I am the applicant and/or owner of the property subject to this comprehensive permit application and I consent and certify as follows:

1. I grant permission for officials and employees of the City of Newton to access my property for the purposes of this application;
2. I certify that I have read the Board's Rules and Procedures before submittal to ensure the completeness of this application;
3. I certify that all the statements within this application and attachments are true and accurate to the best of my knowledge and belief.

X \_\_\_\_\_ (Date)  
(Applicant Signature)

X \_\_\_\_\_ (Date)  
(Owner of Record Signature)

***If Applicable:***

Name of Attorney/Agent for Applicant: \_\_\_\_\_

Address of Attorney/Agent: \_\_\_\_\_

Phone Number of Attorney/Agent: \_\_\_\_\_

Email Address of Attorney/Agent: \_\_\_\_\_