



**City of Newton, Massachusetts**  
 Department of Planning and Development  
 1100 Commonwealth Avenue Newton, Massachusetts 02459

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Ruthanne Fuller  
 Mayor

Barney Heath  
 Director

**GENERAL PERMIT APPLICATION**

PROJECT #: \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

PROJECT DESCRIPTION: \_\_\_\_\_

**PROPERTY LOCATION INFORMATION**

STREET ADDRESS: 63 Bourne Street CITY/ZIP: 02466

LEGAL DESCRIPTION (SECTION, BLOCK, LOT): Two Family (MR1 Zone)

**PROPERTY OWNER INFORMATION**

NAME: Anna Lavrinenko PHONE: 617-834-8185 ALT. PHONE: \_\_\_\_\_

MAILING ADDRESS: 63 Bourne Street, #2 E-MAIL ADDRESS: anna.lavrinenko@  
Newton, MA 02466 KRONOS.com

**PROPERTY OWNER CONSENT**

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.

X [Signature] 05/21/2020  
 (Property Owner Signature) (Date)

X \_\_\_\_\_ (Date)

NOTICE: The City of Newton 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.

**APPLICANT / AGENT INFORMATION**

NAME: Anna Lavrinenko PHONE: (617) 834-8185 ALT. PHONE: \_\_\_\_\_

MAILING ADDRESS: 63 Bourne St. #2 E-MAIL ADDRESS: anna.lavrinenko@  
Newton, MA 02466 Kronos.com

X [Signature] (Date) 05/21/2020

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) in regards to the application

OFFICE USE ONLY BELOW THIS LINE

**CHECK APPROPRIATE PERMIT OR REVIEW PROCESS (CHECK ALL BEING SUBMITTED)**

<input type="checkbox"/> Zoning Review Application	<input type="checkbox"/> Comprehensive Permit
<input type="checkbox"/> Administrative Site Plan Review	<input type="checkbox"/> Variance Application
<input type="checkbox"/> Sign Permit	<input type="checkbox"/> Historic Preservation Review
<input type="checkbox"/> Special Permit/Site Plan Approval	<input type="checkbox"/> Conservation Commission Review
<input type="checkbox"/> Fence Appeal	<input type="checkbox"/> Other, describe _____

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PERMIT INTAKE INITIALS  
 AND DATE STAMP

NOTE: This form **MUST** accompany all other Department of Planning and Development applications.