



Ruthanne Fuller
Mayor

City of Newton, Massachusetts
Department of Planning and Development
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Barney Heath
Director

GENERAL PERMIT APPLICATION

PROJECT #: _____ ZONING DISTRICT: _____ DATE RECEIVED: _____

PROJECT DESCRIPTION:

PROPERTY LOCATION INFORMATION

STREET ADDRESS: 30 & 32 Salisbury Road CITY/ZIP: Newton 02458

LEGAL DESCRIPTION (SECTION, BLOCK, LOT): _____

PROPERTY OWNER INFORMATION

NAME: Shavona Mizrahi David Nahoumi
PHONE: 617-515-8944 ALT. PHONE: 617-359-9886

MAILING ADDRESS: 32 Salisbury Rd E-MAIL ADDRESS: Myshavona@yahoo.com
Newton 02458

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 Shavona Mizrahi _____ 3/10/20
(Property Owner Signature) (Date)

X David Nahoumi _____ 3/11/20
(Property Owner Signature) (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: Lee Silverstone PHONE: 617-797-3573 ALT. PHONE: _____

MAILING ADDRESS: 1200 Washington St #210 E-MAIL ADDRESS: lee@sbarchitectsinc.com
Boston 02118

X [Signature] _____ 3/13/2020
(Applicant/Agent Signature) (Date)

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.

To Be Completed By Applicant