



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

Telephone
 (617) 796-1120
 Telefax
 (617) 796-1086
 www.newtonma.gov

Ruthanne Fuller
 Mayor

Barney Heath
 Director

GENERAL PERMIT APPLICATION

PROJECT #: _____ ZONING DISTRICT: MR2 DATE RECEIVED: 11/6/20

PROJECT DESCRIPTION:

Alterations to existing freestanding Garage for use as a home office, with roofdeck. Construction of new covered Front Porch/Steps & Deck above.

PROPERTY LOCATION INFORMATION

STREET ADDRESS: 25 Emerson Street CITY/ZIP: Newton/02458

LEGAL DESCRIPTION (SECTION, BLOCK, LOT): _____

PROPERTY OWNER INFORMATION

NAME: Stephen Thomas PHONE: 619 865-1724 ALT. PHONE: _____

MAILING ADDRESS: 25 Emerson St., Newton, MA 02458 E-MAIL ADDRESS: thethomai@yahoo.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 _____ 11/6/20
 (Property Owner Signature) (Date)

X _____
 (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: Mark Landsberg, Reg. Architect PHONE: 617 645-9535 ALT. PHONE: _____

MAILING ADDRESS: 72 Pearl St., Newton, MA 02458 E-MAIL ADDRESS: mark@mlaconsultants.com

X _____ 11/6/20
 (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



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