



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

Setti D. Warren
Mayor

GENERAL PERMIT APPLICATION

James Freas
Acting Director

PROJECT #: _____ ZONING DISTRICT: BU-1 DATE RECEIVED: _____

PROJECT DESCRIPTION: Special Permit application for: 1) a 1/3 reduction in the number of required parking stalls for a mixed-use development; 2) additional waivers of parking; 3) waivers relating to the design of parking facilities of greater than 5 stalls; 4) approval of a comprehensive sign package

PROPERTY LOCATION INFORMATION

STREET ADDRESS: 300 Boylston Street CITY/ZIP: Newton / 02459

LEGAL DESCRIPTION (SECTION, BLOCK, LOT): Section 82, Block 002, Lot 0001

PROPERTY OWNER INFORMATION

NAME: Atrium Wellness Center, LLC PHONE: N/A ALT. PHONE: N/A

MAILING ADDRESS: c/o The Bullfinch Companies, 250 First Avenue, Suite 200, Needham, MA 02494

E-MAIL ADDRESS: N/A

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.

Atrium Wellness Center, LLC

X

By: Robert A. Schlager, duly authorized
(Property Owner Signature)

March 7, 2017

(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: Alan J. Schlesinger, Esquire PHONE: 617-965-3500 ALT. PHONE: N/A

MAILING ADDRESS: Schlesinger and Buchbinder, LLP, 1200 Walnut Street, Newton, MA 02461-1267

E-MAIL ADDRESS: aschlesinger@sab-law.com

X

(Applicant/Agent Signature)

3/7/17

(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)

Table with 2 columns and 6 rows for permit types: Zoning Review Application, Administrative Site Plan Review, Sign Permit, Special Permit/Site Plan Approval, Fence Appeal, Comprehensive Permit, Variance Application, Historic Preservation Review, Conservation Commission Review, Other, describe.

Comments: _____

PERMIT INTAKE INITIALS AND DATE STAMP