



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

James Freas
Acting Director

GENERAL PERMIT APPLICATION

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

PROJECT DESCRIPTION: _____

PROPERTY LOCATION INFORMATION

STREET ADDRESS: 170 - 172 SUMNER ST. CITY/ZIP: NEWTON, 02459

LEGAL DESCRIPTION (SECTION, BLOCK, LOT): 61027 0008A

PROPERTY OWNER INFORMATION

NAME: SU YANG & ZHENG YU PHONE: 781-350-0520 ALT. PHONE: _____

MAILING ADDRESS: 170 SUMNER ST. E-MAIL ADDRESS: TWLIPZHENG@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:

- This application for a land use permit or administrative approval for development on my (our) property is made with my permission.
- I (we) grant permission for officials and employees of the City of Newton to access my property for the purposes of this application.

X _____ (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: PETER SACHS PHONE: 617-527-5779 ALT. PHONE: 617-312-5045

MAILING ADDRESS: 20 HUNTER ST, NEWTON E-MAIL ADDRESS: PETERSACHS@GMAIL.COM

X _____ (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