



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

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

Setti D. Warren
 Mayor

Barney Heath
 Director

GENERAL PERMIT APPLICATION

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

PROJECT DESCRIPTION:

We propose a two story addition to the side and rear of the property. We will also rebuild the existing porch in place and add a deck to the side of the property.

PROPERTY LOCATION INFORMATION

STREET ADDRESS: 11 Fairview Street **CITY/ZIP:** 02458

LEGAL DESCRIPTION (SECTION, BLOCK, LOT): 71021 0009

PROPERTY OWNER INFORMATION

NAME: Elias & Sonya Tembelopoulos **PHONE:** (617) 642 1760 **ALT. PHONE:** _____

MAILING ADDRESS: 11 Fairview Street, Newton, MA **E-MAIL ADDRESS:** elias@zoboston.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.

(Property Owner Signature)

3/17/17
 (Date)

 (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: Alan Mayer **PHONE:** (617) 916 0774 **ALT. PHONE:** _____

MAILING ADDRESS: 1647 Beacon St, Waban, MA 02468 **E-MAIL ADDRESS:** mayer@ajmarchitects.com

(Applicant/Agent Signature)

3/17/2017
 (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