



City of Newton, Massachusetts

Department of Planning and Development

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(617) 796-1086

www.newtonma.gov

Ruthanne Fuller
Mayor

GENERAL PERMIT APPLICATION

Barney Heath
Director

PROJECT #: _____ ZONING DISTRICT: BU2 DATE RECEIVED: _____

PROJECT DESCRIPTION: RMD and Adult-Use Marijuana Establishment and the construction of an associated parking facility

PROPERTY LOCATION INFORMATION

STREET ADDRESS: 697, 691, and 681 Washington Street and 2 Court Street CITY/ZIP: Newton, MA 02458

LEGAL DESCRIPTION (SECTION, BLOCK, LOT): Section 23 Block 019 Lots 0001B, 0001A, 0001C, 0002

PROPERTY OWNER INFORMATION

NAME: 697 Washington Street Realty Trust PHONE: N/A

MAILING ADDRESS: 1211 Washington Street, Newton, MA 02465 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.

697 Washington Street Realty Trust

X *Stephen J. Buchbinder* _____ May 11, 2018
By: Stephen J. Buchbinder, its attorney duly authorized (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: Stephen J. Buchbinder, Esquire, Schlesinger and Buchbinder, LLP

BUSINESS PHONE: 617-965-3500 CELL PHONE: 617-538-7392

MAILING ADDRESS: 1200 Walnut Street, Newton, MA 02461-1267 E-MAIL ADDRESS: sjbuchbinder@sab-law.com

X *Stephen J. Buchbinder* _____ May 11, 2018
(Application/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
RECEIVED
MAY 11 2018