



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

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Setti D. Warren
 Mayor

James Freas
 Acting Director

GENERAL PERMIT APPLICATION

PROJECT #: _____ ZONING DISTRICT: SR-2 DATE RECEIVED: _____

PROJECT DESCRIPTION: _____

PROPERTY LOCATION INFORMATION

STREET ADDRESS: 64 Green Park CITY/ZIP: Newton 02458

LEGAL DESCRIPTION (SECTION, BLOCK, LOT): 73 008 0017

PROPERTY OWNER INFORMATION

NAME: Rilip Krapchev and Kimberly Clark PHONE: 617-734-8113 ALT. PHONE: _____

MAILING ADDRESS: 64 Green Park E-MAIL ADDRESS: phil_krapchev@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 [Signature] 11/16/17
 (Property Owner Signature) (Date)

X _____ (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 Architect PHONE: 617-527-5777 ALT. PHONE: 617-312-5045

MAILING ADDRESS: 20 Hunter St., Newton 02465 E-MAIL ADDRESS: peter@sachs@gmail.com

X [Signature] 11/16/2017
 (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