



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: SR1 DATE RECEIVED: \_\_\_\_\_

PROJECT DESCRIPTION: AS PER ATTACHED DOCUMENTS

PROPERTY LOCATION INFORMATION

STREET ADDRESS: 0 UNITY ST CITY/ZIP: 02466

LEGAL DESCRIPTION (SECTION, BLOCK, LOT): \_\_\_\_\_

PROPERTY OWNER INFORMATION

NAME: Lawrence/Katherine P. Sloss Cell 617 857-5766 PHONE: 233-8550 ALT. PHONE: 617-596-1996

MAILING ADDRESS: 133 Hy Slop Rd. Brookline MA E-MAIL ADDRESS: lsloss@gmail.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.

X [Signature] 6/9/16
(Property Owner Signature) (Date)
X Katherine P. Sloss 6/9/16
(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: John B. Barone / Daniel A. Barone PHONE: 781 704-1099 ALT. PHONE: 781 760-4508

MAILING ADDRESS: 35 FAIR OAKS AVE NEWTON MA 02460 E-MAIL ADDRESS: JBARONE119@GMAIL.COM

X [Signature] 6-10-16
(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)

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

NOTE: This form MUST accompany all other Department of Planning and Development applications.

To Be Completed By Applicant



Setti D. Warren  
Mayor

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GENERAL PERMIT APPLICATION

PROJECT #: \_\_\_\_\_ ZONING DISTRICT: SR1 DATE RECEIVED: \_\_\_\_\_

PROJECT DESCRIPTION: AS PER ATTACHED DOCUMENTS

PROPERTY LOCATION INFORMATION

STREET ADDRESS: 39 Hawthorne Ave CITY/ZIP: 02466

LEGAL DESCRIPTION (SECTION, BLOCK, LOT): \_\_\_\_\_

PROPERTY OWNER INFORMATION

NAME: Laurence/ Katherine P. Stoss PHONE: 857-576-6988 ALT. PHONE: 617-596-1996  
coll 617-233-8550

MAILING ADDRESS: 133 Hyslop Rd Brookline MA E-MAIL ADDRESS: ljstoss@gmail.com

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(Property Owner Signature) (Date)

X Katherine P. Stoss 6/9/16  
(Property Owner Signature) (Date)

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APPLICANT / AGENT INFORMATION

NAME: John B. Rowe / David A. Rowe PHONE: 81 764-1099 ALT. PHONE: 781 760-4508

MAILING ADDRESS: 35 Fair Oaks Ave Newton MA 02460 E-MAIL ADDRESS: JBAROWE119@GMAIL.COM

X [Signature] 6-10-16  
(Applicant/Agent Signature) (Date)

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<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 \_\_\_\_\_

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