



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

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 (617) 796-1086
 www.newtonma.gov

Setti D. Warren
 Mayor

Barney Heath
 Director

GENERAL PERMIT APPLICATION

PROJECT #: _____ **ZONING DISTRICT:** SR-1 **DATE RECEIVED:** _____

PROJECT DESCRIPTION:

Demolishing rear portion of property, detached garage, and front porch. Construction of 2 story rear addition, rear porch, attached garage, and new front porch.

PROPERTY LOCATION INFORMATION

STREET ADDRESS: 164 Highland Avenue **CITY/ZIP:** Newton / 02465

LEGAL DESCRIPTION (SECTION, BLOCK, LOT): 24012 0020

PROPERTY OWNER INFORMATION

NAME: Robert & Cindy Laughrea **PHONE:** (408) 242-5882 **ALT. PHONE:** (617) 610-3678

MAILING ADDRESS: 164 Highland Ave, Newton, MA **E-MAIL ADDRESS:** bob@locassociates.com
cindylaughreal@me.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 [] and 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 _____ 01.19.2017
 (Property Owner Signature) (Date)

X _____ 01.19.2017
 (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 Street, Waban, MA **E-MAIL ADDRESS:** mayer@ajmarchitects.com

X _____ 01/23/2016
 (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