





**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

Ruthanne Fuller  
 Mayor

Barney Heath  
 Director

**GENERAL PERMIT APPLICATION**

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

**PROJECT DESCRIPTION:**

ARE-MA REGION NO 76 LLC ("Applicant") is seeking a special permit to allow the use of a laboratory and research facility at 275 Grove Street (see attached).

**PROPERTY LOCATION INFORMATION**

STREET ADDRESS: 275 Grove Street CITY/ZIP: Newton 02466

LEGAL DESCRIPTION (SECTION, BLOCK, LOT): 43 029 0024

**PROPERTY OWNER INFORMATION**

NAME: ARE-MA REGION NO 76 LLC PHONE: \_\_\_\_\_ ALT. PHONE: \_\_\_\_\_

MAILING ADDRESS: 26 N. Euclid Ave., Pasadena CA 91101 E-MAIL ADDRESS: \_\_\_\_\_

To Be Completed By Applicant

**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 Stephen J. Buchbinder, ITS ATTORNEY 12-10-20  
 (Property Owner Signature) JULY AUTHORIZED (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: Dante Angelucci PHONE: 857.248.7446 ALT. PHONE: 617.252.4964

MAILING ADDRESS: Alexandria Real Estate  
 400 Technology Sq., Suite 101 Cambridge MA 02139 E-MAIL ADDRESS: dangelucci@are.com

X Stephen J. Buchbinder, ITS ATTORNEY 12-10-20  
 (Applicant/agent Signature) JULY AUTHORIZED (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 checked="" 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.**