



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

Ruthanne Fuller
 Mayor

Barney Heath
 Director

GENERAL PERMIT APPLICATION

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

PROJECT DESCRIPTION:

PROPERTY LOCATION INFORMATION

STREET ADDRESS: 164 Highland Ave. **CITY/ZIP:** Newton, 02465

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

PROPERTY OWNER INFORMATION

NAME: Robert and Cindy Laughrea **PHONE:** 404-242-5882 **ALT. PHONE:** 617-964-1351

MAILING ADDRESS: 164 Highland Ave, Newton MA 02465 **E-MAIL ADDRESS:** bob@locassociates.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 12.01.2020
 (Property Owner Signature) (Date)

X 12.01.2020
 (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, Mayer & Associates **PHONE:** 617-916-0774 **ALT. PHONE:** _____

MAILING ADDRESS: 1647 Beacon St. Ste.1 Waban, MA **E-MAIL ADDRESS:** admin@ajmarchitects.com

X _____
 (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