



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: SR2 DATE RECEIVED: _____

PROJECT DESCRIPTION: Full Renovation and Addition w/ complete Landscape overhaul.

HAR # 0715E

PROPERTY LOCATION INFORMATION

STREET ADDRESS: 74-76 COMMINGS RD CITY/ZIP: Newton 02459

LEGAL DESCRIPTION (SECTION, BLOCK, LOT): 64003 0040

PROPERTY OWNER INFORMATION

NAME: BARONE BROTHERS PHONE: 781 704-1099 ALT. PHONE: 781 760-4508

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

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]
(Property Owner Signature)

3-20-21
(Date)

X _____
(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: BARONE BROTHERS PHONE: 781 704-1099 ALT. PHONE: 781 760-4508

MAILING ADDRESS: 35 FAIR OAKS AVE E-MAIL ADDRESS: BARONE119@GMAIL.COM
NEWTON, MA 02460

X [Signature]
(Applicant/Agent Signature)

3-20-21
(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