



Ruthanne Fuller  
Mayor

City of Newton, Massachusetts  
Department of Planning and Development  
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Barney Heath  
Director

**GENERAL PERMIT APPLICATION**

PROJECT #: \_\_\_\_\_ ZONING DISTRICT: SR2 DATE RECEIVED: \_\_\_\_\_

**PROJECT DESCRIPTION:**

The addition of a 781 sf accessible internal accessory apartment to the existing home at 20 Devon Road for use by the adult son of the owners.

**PROPERTY LOCATION INFORMATION**

STREET ADDRESS: 20 Devon Road CITY/ZIP: Newton / 02459

LEGAL DESCRIPTION (SECTION, BLOCK, LOT): 61004 0004

**PROPERTY OWNER INFORMATION**

NAME: Dolan, Simon P and Lucia PHONE: 617-515-1310 ALT. PHONE: \_\_\_\_\_

MAILING ADDRESS: 20 Devon Road, Newton, MA 02459 E-MAIL ADDRESS: simonpdolan@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 \_\_\_\_\_ (Property Owner Signature) \_\_\_\_\_ (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: Anita Rogers AIA, Nashawtuc Architects PHONE: 978-371-0344 ALT. PHONE: 978-771-8202

MAILING ADDRESS: 2 Lexington Rd Concord MA 01742 E-MAIL ADDRESS: anita@nasharch.com

X Anita L. Rogers (Applicant/Agent Signature) 03/03/21 (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