



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: _____

PROPERTY LOCATION INFORMATION

STREET ADDRESS: 1295 Boylston St. CITY/ZIP: Newton

LEGAL DESCRIPTION (SECTION, BLOCK, LOT): _____

PROPERTY OWNER INFORMATION

NAME: Guy Compagnone

PHONE: 617 908 5734 ALT. PHONE: _____

MAILING ADDRESS: 1295 Boylston St

E-MAIL ADDRESS: guyc.com@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) 4.26.21
 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: _____ PHONE: _____ ALT. PHONE: _____

MAILING ADDRESS: _____ E-MAIL ADDRESS: _____

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



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 Mayor

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ZONING REVIEW APPLICATION

DATE: 4.26.21

PROJECT ADDRESS: 1295 Boylston St.

PROJECT INFORMATION

CURRENT USE: BU2

PROPOSED USE: R

PROJECT DESCRIPTION (Briefly describe the project below):

Allow ground level residential use in
 a BU2 district

SITE INFORMATION

DESCRIBE THE CURRENT AND PAST USES, SITE, AND/OR STRUCTURE INFORMATION AS IT RELATES TO THIS APPLICATION:

IF KNOWN, ANY PRIOR SPECIAL PERMITS, VARIANCES, EASEMENTS, AND/OR SPECIAL RESTRICTIONS?

PROJECT PLANS SHOULD INCLUDE THE FOLLOWING SITE INFORMATION IN CURRENT AND PROPOSED CONDITIONS:

REQUIRED SUBMITTAL CHECKLIST (CHECK ALL BEING SUBMITTED)					
<input type="checkbox"/>	Lot Size	<input type="checkbox"/>	Front Setback	<input type="checkbox"/>	Lot Coverage
<input type="checkbox"/>	Lot Frontage	<input type="checkbox"/>	Side Setbacks	<input type="checkbox"/>	Open Space
<input type="checkbox"/>	Building Height	<input type="checkbox"/>	Rear Setback	<input type="checkbox"/>	Floor Area Ratio
<input type="checkbox"/>	Lot Area Per Unit	<input type="checkbox"/>	Number of Stories	<input type="checkbox"/>	Parking

(All plans **MUST** be signed, stamped, dated, drawn to scale, and clearly labeled. An inaccurate or incomplete application will **NOT** be accepted. As necessary, the additional information may be requested. Please review the reverse of this form for additional information.)

NOTE: This Application MUST be accompanied by a General Permit Application.



Ruthanne Fuller
Mayor

City of Newton, Massachusetts

Department of Inspectional Services
1000 Commonwealth Avenue Newton, Massachusetts 02459

Telephone
(617) 796-1060
Telefax
(617) 796-1086
TDD/TTY
(617) 796-1089
www.newtonma.gov

John Lojek
Commissioner

FLOOR AREA RATIO WORKSHEET

For Residential Single and Two Family Structures

Property address: _____

FAR Calculations for Regulations Effective As Of October 15, 2011		
Inputs (square feet)		
	EXISTING	PROPOSED
1. First story	251	
2. Attached garage	∅	
3. Second story	∅	
4. Atria, open wells, and other vertical spaces (if not counted in first/second story)	∅	
5. Certain floor area above the second story ^{1b}	∅	
6. Enclosed porches ^{2b}	∅	
7. Mass below first story ^{3b}	251	
8. Detached garage	∅	
9. Area above detached garages with a ceiling height of 7' or greater	∅	
10. Other detached accessory buildings (one detached building up to 120 sq. ft. is exempt)	∅	
FAR of Proposed Structure(s)		
A Total gross floor area (sum of rows 1-9 above)	502	
B Lot size	2,452	
C FAR = A/B	.20	
Allowed FAR		
Allowable FAR		
Bonus of .02 if eligible ^{4b}		
TOTAL Allowed FAR		