

Date Stamp

City of Newton, Massachusetts

Inspectional Services Department

1000 Commonwealth Avenue

Newton, Massachusetts 02459

Date Issued: _____

Date Received: _____

CALENDAR YEAR 2022

ANNUAL PERMIT FOR LEAF BLOWER OPERATORS

**IMPORTANT: OPERATORS MUST COMPLETE ALL ITEMS ON THIS PAGE
INCOMPLETE APPLICATIONS WILL BE RETURNED WITH PERMIT FEE AND PERMITS WILL NOT BE ISSUED**

IDENTIFICATION (PLEASE TYPE OR PRINT CLEARLY)

Name of Company: _____

D.B.A (Doing Business As): _____

Business Owner Name: _____

Business Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-Mail: _____

**Permit sticker must be clearly visible and affixed to the rear bumper on any vehicle it uses
to conduct business in Newton**

I hereby certify under the pains and penalties of perjury that I have read and understand the ordinance pertaining to leaf blower restrictions and will inform all employees of the restrictions.

SIGNATURE

SIGNATURE OF BUSINESS OWNER

DATE

Permit Fee	\$50.00
# of Stickers @ \$2	(_____ x \$2.00) _____
Total Fee	\$ _____

PERMIT FEE: PAYABLE TO CITY OF NEWTON - \$50.00 + \$2.00 per sticker

For Office Use Only

Payment Method: _____ Receipt Date: _____ Permit Sticker Numbers: _____