



Approved 9-2-2021. BKurze

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: MR1 DATE RECEIVED: 8/17/21

PROJECT DESCRIPTION:

Restoration and rehabilitation of Historic Carriage house for use as a 2-unit dwelling

PROPERTY LOCATION INFORMATION

STREET ADDRESS: 34 Prescott Street CITY/ZIP: 02460

LEGAL DESCRIPTION (SECTION, BLOCK, LOT): 23-12-4

PROPERTY OWNER INFORMATION

NAME: Whiteacre Properties LLC PHONE: 339 293-7673 ALT. PHONE: _____

MAILING ADDRESS: 150 Speen Street, Natick, MA 01750 E-MAIL ADDRESS: joni@whiteacreproperties.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 Joni Shehu, Manager 08/17/21
(Property Owner Signature) (Date)

X Joni Shehu, Manager _____
(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: Terrence P. Morris, Esq. PHONE: 617 202-9132 ALT. PHONE: _____

MAILING ADDRESS: 57 Elm road, Newton, MA 02460 E-MAIL ADDRESS: tpmorris.landuse.law@comcast.net

X Terrence P. Morris, Esq 08/17/21
(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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Director

**APPLICATION FOR LOCAL HISTORIC DISTRICT CERTIFICATE OF
APPROPRIATENESS, NON-APPLICABILITY, OR HARDSHIP**

DATE RECEIVED: 8/17/21

PROJECT #: _____

PROJECT ADDRESS: 34 Prescott Street

PROJECT INFORMATION

IS THE PROPERTY AND/OR STRUCTURE DESIGNATED (check all that apply):

- LOCAL HISTORIC DISTRICT
- LOCAL LANDMARK
- NATIONAL REGISTER SITE

(Depending on how a property is designated, different Newton City Ordinances may apply.)

NAME OF LOCAL HISTORIC DISTRICT: Newtonville

TYPE OF STRUCTURE(S) AFFECTED (Check all that apply):

- HOUSE
- FENCE
- GARAGE
- NON-RESIDENTIAL BUILDING
- SHED
- SIGN
- WALL
- OTHER

IF OTHER, PLEASE DESCRIBE: Carriage House

WHAT YEAR WAS THE STRUCTURE BUILT (IF KNOWN): c. 1880

TYPE OF PROPOSED WORK (Check all that apply):

- ADDITION
- ALTERATION
- DEMOLITION
- NEW CONSTRUCTION
- REPAIR
- REPLACEMENT
- OTHER

IF OTHER, PLEASE DESCRIBE: _____

DESCRIBE SCOPE OF WORK:

Conversion to residential use as 2-unit dwelling; restoration of the historical elements and re-imagining the carriage house doors.

BRIEFLY DESCRIBE THE HISTORY OF THE PROPERTY (IF KNOWN):

THIS APPLICATION FORM MUST BE ACCOMPANIED BY A GENERAL PERMIT APPLICATION FORM AND BY THE REQUIRED SUBMISSION MATERIALS IDENTIFIED ON THE LOCAL HISTORIC DISTRICT APPLICATION REQUIREMENTS SHEET. INCOMPLETE OR INACCURATE APPLICATIONS WILL NOT BE ACCEPTED.

THE COVER PAGE AND THE INSTRUCTIONS ON THE BACK OF THE APPLICATION FORMS HAVE ADDITIONAL INFORMATION ABOUT THE APPLICATION INTAKE AND REVIEW PROCESS, AND THE HARD COPY REQUIREMENTS.