City of Newton, Massachusetts

Department of Planning and Development

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Ruthanne Fuller
Mayor

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Director

Conservation Area Use Permit Application

Permits are valid for one year; they must be renewed annually.

Cons. Office Use Only: Permit #_____

☐ **Responsible party name and position:** _____

☐ **Responsible party email and phone:** _____

☐ **Conservation Area requested** (attach map with specific location identified)**:** _____

☐ **Title of requested use:** _____

☐ **Research projects**.

1. Goals/objectives of research: _____

_____

2. Affiliated academic institution, state/federal agency, or NGO:_____

3. Start and end date: _____

4. Frequency of site access:_____

5. Number of participants: _____

6. Location of access:_____

7. Parking anticipated: _____

8. Potential conflicts with trail users: _____

9. Methods of study: _____

10. Attach description/photo of equipment (equipment left in the field must be labeled with researcher's name).

11. Type of report to be submitted to Newton Conservation upon completion. _____

☐ **Other use request**.

1. Detailed description of proposed event/use:_____

_____

2. Start and end date: _____

3. Start and end times: _____

4. Number of participants: _____

5. Location of access:_____

6. Parking anticipated:_____

7. Potential conflicts with trail users: _____

DISCLAIMER. The person whose name appears above is responsible for the action of all persons using the Conservation Area in association with this permit. This includes the responsibility for the removal of all litter and all damages to the property. This permit will be immediately revoked for the use of alcohol, any illegal substance, any violation of the law, or any behavior deemed inappropriate by the Conservation Commission or its duly appointed representative.

☐ **My signature below** indicates that I understand the above disclaimer and, should a permit be granted for the use of a Conservation Area, accept responsibility for the actions of all persons using the facility in association with this permit request.

_____   _____

Signature of Responsible Party   Date