



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: 10 Elberta Ter CITY/TOWN: Newton Ma 02462

LEGAL DESCRIPTION (SECTION, BLOCK, LOT): _____

PROPERTY OWNER INFORMATION

NAME: 2115 Commonwealth Avenue Realty Tr PHONE: 617-332-1730 ALT. PHONE: _____

MAILING ADDRESS: 2115 Commonwealth Ave Newton Ma 02462 E-MAIL ADDRESS: _____

PROPERTY OWNER CONSENT

I am (we are) the owner(s) of the property subject to this application and I (we) consent as follows:

- This application for a land use permit or administrative approval for development on my (our) property is made with my permission.
- I (we) grant permission for officials and employees of the City of Newton to access my property for the purposes of this application.

Pasquale Bruno - POA Pasquale Bruno 03-10-2022
 (Property Owner Signature) (Date)

 (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: Pasquale Bruno PHONE: 774-721-6052 ALT. PHONE: _____

MAILING ADDRESS: 68 Everett Street Nashua Ma 01760 E-MAIL ADDRESS: Pasquale@ehencyllc.com

Pasquale Bruno _____
 (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 STAMP INITIALS AND DATE \$TAMP

NOTE: This form MUST accompany all other Department of Planning and Development applications.