



Date Received _____

**TOWN OF NEWTON
ZONING PERMIT APPLICATION**

1. Work Site Street Address: _____
Block: _____ Lot: _____ Zone: _____
Owner: _____ Applicant: _____
Address: _____ Address: _____
Phone: _____ Phone: _____

2. Dimensions of principal building: _____

3. Dimensions of all accessory buildings or signs: _____

4. Describe in detail the activity to be conducted in the principal building or any accessory building for which this permit is being applied: _____

5. Has the above premises been the subject of any prior application to the Zoning Board of Adjustment or Planning Board? _____ Yes _____ No
If yes, please explain: _____

Did the application receive?

Preliminary Approval _____ Date: _____
Final Approval _____ Date: _____

Name of Corporation Association, if applicable

***PLEASE SUPPLY A COPY OF
SURVEY***

Signature of authorized officer

Applicant's Signature

Certificate of Occupancy/Approval required? _____ Yes _____ No

Construction Official

****You will be required to apply for building permits as deemed necessary by the Construction official.**

Application Approved _____ Denied _____ Date: _____
Reason for Denial: _____

Zoning Officer
\$25.00 Fee

PERMIT# _____



**TOWN OF NEWTON
CHECKLIST FOR SIGNATURE**

******FOR OFFICIAL USE ONLY******

Block _____ Lot _____

Work Site _____

Historic Review

Requirement as indicated by checkmark:

Historic is required _____

Historic is not required _____

Date of Recommendation _____

Zoning Review

Requirement as indicated by checkmark:

Zoning is required _____

Zoning is not required _____

Date of the Planning Board Approval _____

Reviewed by Zoning Officer:

Signature

Date