

## COVER SHEET

In accordance with the requirements of the City of Cambridge Zoning Ordinance, the undersigned hereby requests the Planning Board Advisory Consultation for the premises indicated below.

Parcel Address(s): \_\_\_\_\_

Base Zoning District(s): \_\_\_\_\_

Overlay Zoning District(s): \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Name Telephone #

Email Address

Brief description of the project:

Denote other City of Cambridge Board/Commission Review Needed:

☐ Board of Zoning Appeal

☐ Conservation Commission

☐ Historical Commission

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**Signature of Applicant**

**Date**

19.40 CITYWIDE ADVISORY DEVELOPMENT CONSULTATION  
19.50 BUILDING AND SITE PLAN REQUIREMENTS

*This dimensional form is intended to demonstrate zoning compliance for projects that are subject to Section 19.40 and Section 19.50 of the Cambridge Zoning Ordinance.*

**Project Address:**

**Zoning District:**

	Existing	Allowed or Required (max/min)	Proposed
Lot Area (sq ft)			
Total Gross Floor Area (sq ft)			
Residential Uses			
Non-Residential Uses			
Total Floor Area Ratio (FAR)			
Residential Uses			
Non-Residential Uses			
Total Dwelling Units			
Total Stories Above Grade			
Max. Height – Residential (ft)			
Max. Height – Non-Residential (ft)			
Front Yard Setback(s) (ft)*			
Side Yard Setback(s) (ft)*			
Rear Yard Setback(s) (ft)*			
Total Open Space (% of Lot Area)**			
Private Open Space			
Permeable Open Space			
Publicly Beneficial Open Space			
Off-Street Parking Spaces			
Long-term Bicycle Parking Spaces			
Short-term Bicycle Parking Spaces			
Loading Bays			

\*Indicate all applicable setbacks. Make sure distances match the submitted site plans.

\*\*Refer to Open Space definitions in Article 2.000 and Open Space provisions in Section 5.22 of the CZO. Make sure all open space information matches the submitted site plans.

***Use space below and/or attached pages for additional notes:***