
COVER SHEET

In accordance with the requirements of the City of Cambridge Zoning Ordinance, the undersigned hereby requests the Public 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

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: