



CITY OF CAMBRIDGE, MASSACHUSETTS

PLANNING BOARD

CITY HALL ANNEX, 344 BROADWAY, CAMBRIDGE, MA 02139

COVER SHEET

In accordance with the requirements of the City of Cambridge Zoning Ordinance, the undersigned hereby petitions the Planning Board for one or more Special Permits for the premises indicated below.

Parcel Address(s):

Base Zoning District(s):

Overlay Zoning District(s):

Applicant Name:

Applicant Address:

Contact Information:

Name

Telephone #

Email Address

Note that the Applicant is responsible for seeking all necessary special permits for the project. A special permit cannot be granted if it is not specifically requested in the Application.

List all requested special permit(s) (with reference to zoning section numbers):

Zoning Section	Requested Special Permit

Denote other City of Cambridge Board/Commission Review Needed:

- Board of Zoning Appeal (Variances)
 Conservation Commission
 Historical Commission

Denote applicable Committee Review and Public Outreach:

- Central Square Advisory Committee
 Harvard Square Advisory Committee
 Community Meeting(s)

Signature of Applicant

Date

DIMENSIONAL FORM

Project Address:

Date:

	Existing	Allowed or Required (max/min)	Proposed	Permitted
Lot Area (sq ft)				
Lot Width (ft)				
Total Gross Floor Area (sq ft)				
Residential Base				
Non-Residential Base				
Inclusionary Housing Bonus				
Total Floor Area Ratio				
Residential Base				
Non-Residential Base				
Inclusionary Housing Bonus				
Total Dwelling Units				
Base Units				
Inclusionary Bonus Units				
Base Lot Area / Unit (sq ft)				
Total Lot Area / Unit (sq ft)				
Building Height(s) (ft)				
Front Yard Setback (ft)				
Side Yard Setback (ft)				
Side Yard Setback (ft)				
Rear Yard Setback (ft)				
Open Space (% of Lot Area)				
Private Open Space				
Permeable Open Space				
Other Open Space (Specify)				
Off-Street Parking Spaces				
Long-term Bicycle Parking Spaces				
Short-term Bicycle Parking Spaces				
Loading Bays				

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

OWNERSHIP CERTIFICATE

Project Address:

Date:

To be completed by the Property Owner:

I hereby authorize the following Applicant: _____

at the following address: _____

to apply for a special permit for: _____

on premises located at: _____

for which the record title stands in the name of: _____

whose address is: _____

by a deed duly recorded in the:

Registry of Deeds of County: _____

Book: _____

Page: _____

OR Registry District of the Land Court,

Certificate No.: _____

Book: _____

Page: _____

Signature of Property Owner (If authorized Trustee, Officer or Agent, so identify)

To be completed by Notary Public:

Commonwealth of Massachusetts, County of _____

The above named _____ personally appeared before me,

on the month, day and year _____ and made oath that the above statement is true

Notary: _____

My Commission expires: _____

FEE SCHEDULE

Project Address:

Date:

The Applicant must provide the full fee (by check made to City of Cambridge) with the Special Permit Application. The required fee is the larger of the following amounts:

- (a) The fee is ten cents (\$0.10) per square foot of total proposed Gross Floor Area noted in the Dimensional Form.
- (b) The fee is one thousand dollars (\$1,000.00) if Flood Plain Special Permit is sought as part of the Application and the amount determined above is less than \$1000.
- (c) The fee is one hundred fifty dollars (\$150.00) if the above amounts are less than \$150.

Fee Calculation

(a) Proposed Gross Floor Area (SF) in Dimensional Form:	× \$0.10 =	
(b) Flood Plain Special Permit fee	:	1000.00
(c) Minimum Special Permit fee	:	150.00
SPECIAL PERMIT FEE		Enter Largest of (a), (b), and (c):
