CITY OF CAMBRIDGE PLANNING & ZONING DIVISION
NEIGHBORHOOD COMPATIBILITY WORKSHEET

For Residential In-fill Projects in the Neighborhood Conservation Zones

The City of Cambridge Planning Staff will consider at a minimum the features and neighborhood characteristics from the table below when evaluating your proposed project for neighborhood compatibility as required by Section 275 of the Zoning Ordinance. For the purposes of this analysis, your neighborhood includes all properties on both sides of your street between the two nearest cross streets, and all properties in the same block as your property (all properties shown in gray on the diagram). **When applicable, or due to oddly configured street layouts, you may expand your survey area. For minor projects or improvements, the survey area may be reduced. You must show the survey area in your worksheet submittal. Changes to the survey area must be reviewed and approved by staff.**

Please submit this completed worksheet with your Building Permit application and attach any supporting information including photographs, sketches, and narratives that helps to show how your project is compatible with the neighborhood. If insufficient supporting information is submitted, the Department of Public Works may require additional information to be submitted prior to rendering a decision on your application. Please see the attached application guidelines for additional information.

For the purposes of characterizing the surrounding neighborhood, consider the prevailing architectural style existing in the neighborhood. For those neighborhoods that are a mixture of project types with no clearly predominant development pattern, please check all boxes that apply in the "Surrounding Neighborhood" column below and attach a narrative describing the mixed nature of the neighborhood character and how your project would be compatible with the survey area neighborhood.
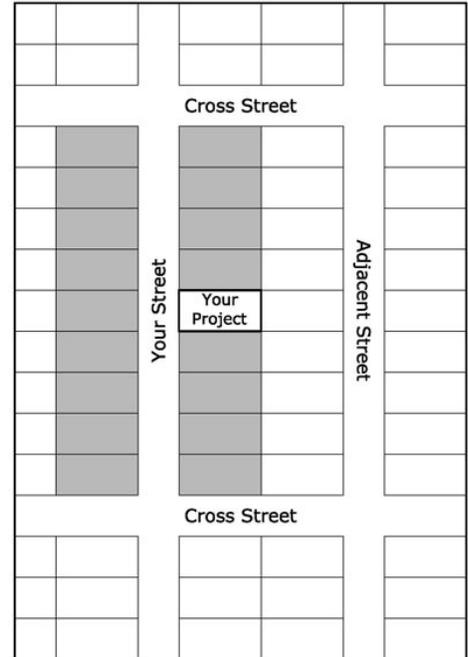
Upon acceptance of a completed application, the Department of the Public Works staff shall prepare a placard describing the nature of the application and post it on the subject property in a conspicuous area. The placard shall state that the public has a right to review the Neighborhood Compatibility application and provide input within five (5) business days. The public and interested parties shall be given notice of the staff decision on Neighborhood Compatibility surveys by posting the results of the survey on the City's Web site and notification to interested parties. Within five (5) business days upon being provided notice of the decision by staff, interested parties may file an informal administrative appeal to the Planning and Zoning Commission. For more information about the appeal process, please see Ordinance #1007.

I   **Age of Neighborhood:**
New construction in older established neighborhoods should be sensitively designed to ensure that the existing character of the neighborhood is not significantly changed. The age of the neighborhood is often an important issue to consider. **(Property Assessment data may be obtained at http://sdatcert3.resiusa.org/rp_rewrite/ Maryland Department of Assessment and Taxation)**

A.   Approximately how old is the existing structure or structures on your property? (If lot is vacant, write "N/A")

_____

Will the structure or structures be demolished, or maintained and integrated into your project (e.g. – new units being constructed behind an existing dwelling that will remain)?

☐ Structures (s) will be demolished   ☐ Structures(s) will be maintained

B.   Approximately how old are most of the structures in the neighborhood? (Provide approximate age range.)

_____

II.   Neighborhood Characteristics:

Identify the neighborhood features that are most prevalent, or in neighborhoods where no feature is prevalent, check all that apply and attach a narrative describing the neighborhood. Identify typical or predominant features when describing the surrounding neighborhood.

*Predominant – A feature is considered predominant when it appears on at least 51% of the houses surveyed using the Neighborhood Compatibility Worksheet.

Characteristics	Your Proposed Project	Surrounding Neighborhood
Project size (land area)	☐ Single Lot (<5,000 ft²) ☐ Single Lot (>5,000 ft² <10,000 ft²) ☐ Double Lot (10,000 - 20,000 ft²) ☐ Multiple Lot (>20,000 ft²)	☐ Single Lot (<5,000 ft²) ☐ Single Lot (>5,000ft² <10,000 ft²) ☐ Double Lot (10,000 - 20,000 ft²) ☐ Multiple Lot (>20,000 ft²)
Do you own adjacent lots to this property?	☐ **Yes** ☐ **No**	
Setbacks	Front_____ Side_____ Rear_____	Front_____ Side_____ Rear_____
Living Area	Total (ft²)_____	Ave. (ft.²)_____
Predominant land use	☐ Single family home ☐ Duplex/triplex ☐ Units added behind single family ☐ Older style garden apartment ☐ Apartment – no courtyard ☐ Apartment with courtyard	☐ Single family home ☐ Duplex/triplex ☐ Units added behind single family home of duplex ☐ Older style garden apartment ☐ Apartment – no courtyard ☐ Apartment with courtyard
Number of stories **See ordinance definitions.**	☐ One ☐ One - ½ ☐ Two ☐ 2 - ½ ☐ Three	☐ One ☐ One - ½ ☐ Two ☐ 2 - ½ ☐ Three
Parking type	☐ On street ☐ Off street	☐ On street ☐ Off street
Parking access	☐ From street ☐ From alley ☐ From both street and alley	☐ From street ☐ From alley ☐ From both street and alley
Architectural style (See Style Guide)	☐ Bungalow ☐ Colonial ☐ Ranch ☐ Cape Cod ☐ Victorian ☐ Gothic ☐ American 4 Square ☐ Cottage ☐ Other_____	Predominant Style in the Neighborhood _____ _____ _____ _____

Characteristics	Your Proposed Project	Surrounding Neighborhood
Architectural features	☐ Entry porches ☐ Dormers ☐ Bay windows ☐ Trim/fascia/shutters ☐ Cornice ☐ Chimneys ☐ Other	☐ Entry porches ☐ Dormers ☐ Bay windows ☐ Trim/fascia/shutters ☐ Cornice ☐ Chimneys ☐ Other
Roof design (See Style Guide)	☐ Flat roof ☐ Hip roof ☐ Gable roof ☐ Mansard roof ☐ Gambrel roof ☐ Combination ☐ Gable Overhang _____" ☐ Eave Overhang _____" ☐ Main Roof Pitch ____/12	☐ Flat roof ☐ Hip roof ☐ Gable roof ☐ Mansard roof ☐ Gambrel roof ☐ Combination ☐ Gable Overhang _____" ☐ Eave Overhang _____" ☐ Prevailing Roof Pitch ____/12

Applicant's Signature: _____ **Date:** _____

Date Accepted for Review: _____; **Staff Name** _____

Staff Comments: (Office Use Only)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Survey Reviewed By: _____ Date _____ O Approved O Denied

Survey Reviewed By: _____ Date _____ O Approved O Denied

Survey Reviewed By: _____ Date _____ O Approved O Denied

O Returned for additional information _____ Date