CITY OF SOMERVILLE

Office of Strategic Planning & Community Development

DEVELOPMENT REVIEW
PRE-SUBMITTAL MEETING REQUEST FORM

Pre-submittal meetings are required prior to application for board review per Article 15 of the Somerville Zoning Ordinance.

Applicant Information

Applicant Name
Please enter the name of the individual or corporation proposing development.

Applicant Address
Please enter the mailing address for the individual or corporation proposing development, using the following format: 00 Street Name, City, State, Zip Code

Owner Name
Please enter the name of the individual or corporation who owns the property where development is proposed.

Owner Address
Please enter the mailing address for the individual or corporation who owns the property where development is proposed, using the following format: 00 Street Name, City, State, Zip Code

Primary Point of Contact
Please provide a single primary point of contact email for all correspondence (additional contacts can be identified below).

Additional Contact Emails
Please enter any additional email addresses. It would be helpful to include the legal agent, design team members, and any other representatives who should receive permitting updates. Separate each email address with a comma.

Proposal Information

Street Address for the Proposed Development
Please enter the official street address(es) of the proposed development.

New Application or Revision
Is this a new application or a revision?

- (•) New application
- ( ) Revision

Application Type
Please identify the type of application for the proposed development using the drop-down menu below.

Select

Related Case Tracking Number(s)
Identify any master plan special permit, hardship variance, or demolition review related to this proposal by entering the case number(s) below, if applicable.

Zoning District
Please select the zoning district for the proposed development from the menu below. For map of zoning districts, go to https://tinyurl.com/2ztpawvb

Select

Overlay District
Is the development proposal subject to an overlay district? Please select all that apply.

- [ ] Affordable housing
- [ ] Small business
- [ ] Flood plain
- [ ] Master plan development
- [ ] I do not know
- [ ] None

Features
Does the proposed development site have any of the following features? Please select all that apply.

- [ ] 1/4 mile walkshed to transit
- [ ] 1/2 mile walkshed to transit
- [ ] Pedestrian street
- [ ] I do not know
- [ ] None

Proposed Development Activity
Please select the proposed development activity or activities. Please refer to the definition in Article 2 of the Somerville Zoning Ordinance and select all the apply.

- ☐ Land platting
- ☐ Developing or modifying a civic space
- ☐ Developing or modifying a thoroughfare
- ☐ Developing a principal building
- ☐ Developing an accessory building
- ☐ Developing storefronts or rooftop mechanical screening
- ☐ Establishing, changing, or expanding a use

Development Activity Narrative
Please briefly describe the development activity.

CITY OF SOMERVILLE

Inspectional Services • Planning Board • Zoning Board of Appeals • Historic Preservation Commission

PROPERTY OWNER AUTHORIZATION

Property Address:		
Zoning District: Select	Ward:	MBL:
Applicant:		
Address:		
Phone:	Email:	
Property Owner:		
Address:		
Phone:	Email:	
Agent:		
Phone:	Email:	

As the **Applicant**, I make the following representations:

1. I understand that an application is not complete until all necessary information has been submitted and all fees have been paid.
2. I understand that an incomplete application will not be reviewed, will not be publicly noticed, and will not be scheduled for a public hearing, as applicable.
3. I certify that the information supplied on and with this form is accurate to the best of my knowledge.
4. I certify that the agent listed on this application form is authorized to represent me before City staff and review boards as it relates to this application.

As the **Owner**, I make the following representations:

1. I certify that I am the owner of the property identified on this property owner authorization form.
2. I certify that the applicant named on this form is authorized to submit this application for the property identified and for the purposes indicated by the submitted documentation.
3. I certify that the agent listed on this application form is authorized to represent me before City staff and review boards as it relates to this application.
4. I permit City staff to conduct site visits on my property.
5. If the ownership of this property changes before the application review is completed, I will provide updated information and new copies of this form.

Signature: _____

Signature: _____