



City of Everett
Department of Planning and Development
484 Broadway, Room 25
Everett, Massachusetts 02149
(P) 617-394-2334 (F) 617-394-5002

Application For Inclusionary Zoning

Pursuant to Section 32 of the Zoning Ordinances

This application is required for all projects containing ten (10) or more new housing units whether by new construction or by the alteration, expansion, reconstruction, or change of existing residential or nonresidential space

For City Clerk, Date Filed: _____

For Planning Board (include fee), Date Filed: _____

Must include an Advertisement Fee of \$500.00 (check payable to City of Everett)

Property Information

Street Address: _____

Assessor's: Map # _____ Block # _____ Lot # _____

Middlesex County Registry of Deeds: Book# _____ Page# _____

Applicant Information:

Name: _____

Mailing Address: _____

Telephone: (Work) _____ (Home) _____

E-mail _____

Full Name of Owner(s) of Record (if different from Applicant):

Property Owner: _____

Address of Owner: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Fax #: _____

Project Information:

Current Zoning of Property (include overlay districts):

Current Use of Property:

Existing Land Uses in the Surrounding Areas:

Detailed Project Description (attach additional sheets if necessary):

Does the proposed project contain ten (10) or more new housing units? Yes No

Project Type	Affordability Requirement
10 or more units	15%
Site requires environmental remediation or is located within a FEMA Flood District (or both)	10%*
Site which has a recorded activity and use limitation (AUL)	5%

Projects containing ten (10) or more new housing units will require the inclusion of affordable housing units under Section 32 of the Everett Zoning Ordinance. It is the applicant's responsibility to ensure affordable housing units are certified by the Department of Housing and Community Development (DHCD). Local Initiative Program (LIP) Guidelines for Local Action Units (LAU) are part of the Comprehensive Permit Guidelines and can be found online at www.mass.gov/dhcd. Please refer to the Everett Inclusionary Zoning Guide and LAU application for additional information.

* - Planning board may, at its discretion

Does the proposed project seek a density bonus under Section 32(4)2? Yes No

Please initial here to acknowledge the applicant has read and is familiar with the design standards established under Section 32(5)1-5 (Required): _____

Site Characteristics:

<u>Project Style</u>	<u>Total # of Units</u>	<u># of Units Proposed for LAU Certification</u>
Detached single-family house	_____	_____
Rowhouse/townhouse	_____	_____
Duplex	_____	_____
Multifamily house (3+ family)	_____	_____
Multifamily rental building	_____	_____
Other (specify)	_____	_____

Unit Composition:

Type of Unit:	# of Units	# of BRs	# of Baths	Gross Square Feet	Livable Square Feet	Proposed Sales Prices/Rents	Proposed Condo Fee
Condo Ownership							
Fee Simple Ownership							
Rental							
Affordable Rate:							
On-Site							
Off-Site							
Market Rate:							
Total:							

Signature of Applicant: _____

_____ (date)

Signature of Owner: _____

(If different from applicant)

_____ (date)

Applicant's Representative/Agent:

Name: _____

Mailing Address: _____

Telephone: (Work) _____ (Home) _____

e-mail _____