

Ruthanne Fuller Mayor

City of Newton, Massachusetts

Department of Inspectional Services 1000 Commonwealth Avenue Newton, Massachusetts 02459 Telephone (617) 796-1060 Telefax (617) 796-1086 TDD/TTY (617) 796-1089 www.newtonma.gov

John Lojek Commissioner

FLOOR AREA RATIO WORKSHEET

For Residential Single and Two Family Structures

Property address: 12 Hanson Rd., Newton

| FAR Calculations for Regulations Effective As Of October 15, 2011 | | | | |
|---|--|----------|--|--|
| Inputs (square feet) | | | | |
| iliputs (square leet) | EXISTING | PROPOSED | | |
| 1 First story | LAISTING | 2171 | | |
| 1. First story | | 5/8 | | |
| 2. Attached garage | | 2725 | | |
| 3. Second story | | 2723 | | |
| Atria, open wells, and other vertical spaces (if not counted in first/second story) | | _ | | |
| Certain floor area above the second story ^{1b} 5. | | | | |
| 6. Enclosed porches ^{2b} | | NA | | |
| 7. Mass below first story ^{3b} | | NA | | |
| 8. Detached garage | | - | | |
| Area above detached garages with a ceiling height of 7' or greater | | - | | |
| Other detached accessory buildings (one detached building up to | | - | | |
| 0. 120 sq. ft. is exempt) | | | | |
| FAR of Proposed Structure(s) | | | | |
| A Total gross floor area | | 5414 | | |
| . (sum of rows 1-9 above) | | 5414 | | |
| B Lot size | | 7829 | | |
| C FAR = A/B | | 0.69 | | |
| Allowed FAR | The second secon | | | |
| Allowable FAR | | 1 | | |
| Bonus of .02 if eligible ^{4b} | - | | | |
| TOTAL Allowed FAR | OF M | 7829 | | |



City of Newton, Massachusetts

Department of Planning and Development 1000 Commonwealth Avenue Newton, Massachusetts 02459 Telephone (617) 796-1120 Telefax (617) 796-1086 www.newtonma.gov

Barney Heath Director

ZONING REVIEW APPLICATION

| DATE: | | 4 / | | |
|-------------|--|--|---------------------|--------------------------|
| PROJEC | TADDRESS: 12 Han | <u>son Rd., Newt</u> | on | |
| Projec | T INFORMATION | | | |
| CURREN | IT USE: | PF | OPOSED USE: | |
| PROJEC | т Description (Briefly describe t | | | |
| | New construc | ction of a Tu | 10 - family | house which of Massac, |
| | FORMATION BE THE <u>CURRENT</u> AND <u>PAST</u> USES, S | ite, AND/OR STRUCTURE INFO | DRMATION AS IT RELA | TES TO THIS APPLICATION: |
| | | | | |
| IF KNOV | wn, Any Prior Special Permits, \ | ARIANCES, EASEMENTS, AND | OR SPECIAL RESTRICT | ions? |
| PROJECT | PLANS SHOULD INCLUDE THE FOLICE REQUIRE | owing Site Information in D SUBMITTAL CHECKLIST | | |
| 10,40 AB416 | Lot Size | Front Setback | <u> </u> | Lot Coverage |
| | Lot Frontage | Side Setbacks | | Open Space |
| | Building Height | Rear Setback | | Floor Area Ratio |
| | Lot Area Per Unit | Number of Sto | ries | Parking |

(All plans <u>MUST</u> be signed, stamped, dated, drawn to scale, and clearly labeled. An inaccurate or incomplete application will <u>NOT</u> be accepted. As necessary, the additional information may be requested. Please review the reverse of this form for additional information.)

NOTE: This Application <u>MUST</u> be accompanied by a General Permit Application.