City of Cambridge, Massachusetts
INTERDEPARTMENTAL PARKING FACILITY REGISTRATION FORM

Application must include a parking facility layout plan.

1.) Name and address of parking facility: ____________________________________________

________________________________________ Telephone: _____________________________

2.) Location of parking facility according to Assessing Department: Block No. _____ Lot No.(s) __________

3.) Name and address of property owner: _____________________________________________

________________________________________ Telephone: _____________________________

4.) Name and address of parking facility operator: ______________________________________

________________________________________ Telephone: _____________________________

5.) Will any of the users be located off-site? ☐ Yes. ☐ No.

   If “yes,” indicate name and address of off-site user(s): (company, residence, individual, or “general public”) ______________

6.) Type of Request: ☐ New facility ☐ Modified facility

7.) Type of Facility: ☐ Lot ☐ Garage

8.) Type of Use:

   ☐ Commercial (general public for a fee) ☐ Accessory (with a fee? ☐ Yes ☐ No)

   ☐ Principal (with a fee? ☐ Yes ☐ No)

9.) If a fee is charged, how will it be collected: At entrance? ☐ Monthly/yearly? ☐ In lease? ☐

10.) Total gross Square Feet (GSF or units) of Building(s) that use the Parking Facility: ______________

11.) Will Parking Facility require the following License? ☐ Garage License ☐ Open Air Lot License

12.) Number of Parking Spaces Required by Zoning: Minimum ________ Maximum ________

13.) Identify any existing or proposed parking permits for the parking facility (i.e. BZA variance, special permit, Planning Board special permit, others):

______________________________________________________________________________

14.) Number of Current and Proposed Parking Spaces by Type and User(s):

   Type: Registered: Proposed: Proposed User(s): (Name of company, residence, or individual)

   Commercial (for a fee) _______ _______ ____________________________

   Residential _______ _______ ____________________________

   Employee _______ _______ ____________________________

   Customer/Client _______ _______ ____________________________

   Visitor/Guest _______ _______ ____________________________

   Carsharing*/Other _______ _______ ____________________________

   Bicycle Spaces Short Term Spaces/Racks _____/_____ Long Term Spaces/Racks: _____/_____

______________________________________________________________________________

I hereby certify that all information supplied on this form is true, accurate and complete. I also certify that this information meets the requirements of Article 6 of the Cambridge Zoning Ordinance.

________________________________________ Date _____________________________

Owner Signature & Title

________________________________________ Date _____________________________

Operator Signature & Title

Print Name (Owner) & Title

Print Name (Operator) & Title

* For carsharing spaces, complete and attach Carsharing Supplement form.

For questions, contact the Cambridge Traffic, Parking and Transportation Department at 617-349-4745
Application must include a parking facility layout plan.

**Instructions:**
Part A below must be complete prior to a Building Permit sign-off by Cambridge Traffic, Parking and Transportation Dept. Part A and B below must be complete prior to Occupancy Permit sign-off by Cambridge Traffic, Parking and Transportation Department.

**A. Prior to Issuance of a Building Permit:**

Regarding the application for ___________________________ Parking Spaces Proposed: ____________

1) **Number of spaces registered:**

   ___Commercial   ___ Residential   ___ Employee   ___ Other (carshare, customer, visitor, etc.) Registered: ______

   Conditions:

   Signed  ___________________________________________________________  ____________
   Department of Traffic, Parking & Transportation  Date

2) **Facility has an approved PTDM Plan:**

   □ Yes.
   □ No, not required.

   Conditions:

   Signed  ___________________________________________________________  ____________
   PTDM Planning Officer  Date

**Final Approved Number of Spaces:**

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**B. Prior to Issuance of an Occupancy Permit:**

Facility may require a License from the License Commission if 4 or more spaces:
License Commission: 617-349-6140

<table>
<thead>
<tr>
<th>Garage License Required:</th>
<th>□ Yes</th>
<th>□ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open Air Lot License Required:</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
</tbody>
</table>

If Yes:

- Obtained: ___/___/___
- Initial: ____________

Signed  ____________________________________________  ____________
Cambridge License Commission  Date

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