

**City of Cambridge Community Development Department**  
 344 Broadway, Cambridge, MA 02139  
 Attn: PTDM Planning Officer  
 Tel: (617) 349-4673 Fax: (617) 349-4633 TTY: (617) 349-4621  
 sgroll@cambridgema.gov http://www.cambridgema.gov/~CDD/et/tdm/index.html

## Parking and Transportation Demand Management Small Project Plan

If project has 5 to 19 total parking spaces (existing plus new), please attach Interdepartmental Parking Facility Registration form and provide the following information.

Property owner:

Facility address:

Contact name:

Phone:  Fax:  Email:

# Car parking spaces:  # Bike spaces (long- & short-term):  Sq Ft:

Select at least three transportation demand management / trip reduction measures:

Measure	Details
<input type="checkbox"/> Transit subsidy (must be at least 50%)	Amount of monthly subsidy per person:
<input type="checkbox"/> Charge drivers directly for cost of auto parking	Cost of parking charged directly to driver: Percent of full cost:
<input type="checkbox"/> Subsidy for other modes	Amount of monthly subsidy (indicate mode):
<input type="checkbox"/> Shuttle service to nearby MBTA station	Station(s) served: Peak frequency:
<input type="checkbox"/> Preferential carpool parking program	Attach parking plan and application form for use of reserved spaces.
<input type="checkbox"/> Reduced rates for carpool parking	Cost of monthly parking for a carpool: Attach application needed to qualify for reduced rates.
<input type="checkbox"/> Bicycle amenities (above zoning requirement)	Describe:
<input type="checkbox"/> Car-share parking space	Describe terms (donated or leased):
<input type="checkbox"/> Other measures (See PTDM Officer list)	Attach description.

OWNER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR PTDM PLANNING OFFICER USE ONLY**

APPROVED       APPROVED WITH CONDITIONS (SEE ATTACHED)       DENIED

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_