REQUEST FOR PUBLIC CONTRIBUTION FOR BICYCLE PARKING IN LIEU OF PRIVATE PROPERTY BICYCLE PARKING

Form updated November 17, 2014

Community Development Department

City Hall Annex, 344 Broadway, Cambridge, MA 02139

CERTIFICATION OF COMPLIANCE WITH

Zoning Ordinance Section 6.104.2 b "Short-Term Bicycle Parking Public Contribution"

Project Address:	
Special Permit Case Number (if applicable): Planning Board / BZA
Property Owner Name and Address:	(circle one)
Applicant Name:	
Contact Phone/Email:	
Size of Project by Land Use (or attach dime	ensional form):
Land Use	Size (Gross Floor Area or Units)
Total number of short-term bicycle parking Ordinance Section 6.107.3:	g spaces required per Cambridge Zoning
Number of short-term bicycle parking space Ordnance Section 6.104.2 a:	ces provided on-site per Cambridge Zoning
Number of short-term bicycle parking space	ces requested for "Public Contribution": (A)
norking rooks needed. (B)	er, then divide by 2 to get the number of bicycle

Multiply (B) above by \$800 ¹ to get total contribution required: \$ Make Check Payable to: "City of Cambridge," and provide to the city when submitting this form. Please keep a copy of your cancelled check in your records for future verification. Explain why the number of short-term bicycle parking spaces being requested above cannot be reasonably provided on the lot (please attach copy of site plan):		

¹ The cost of installing a bicycle rack has been set by the City of Cambridge as of March 1, 2014 to be \$800 per rack, to be periodically reviewed and updated.

SIGNATURES

Applicant

Date	Signature, Authorized Representative
Certifications from Relevant Departments	
	Traffic, Parking and Transportation Department
	affic, Parking and Transportation Department has reviewed the bicycle parking t and has presented any written comments to the Community Development
Date	Signature, Authorized TPTD Staff
Additional staff co	omments, conditions, limitations:
	Community Development Department
	ommunity Development Department certifies compliance with Short-Term ublic Contribution, and certifies that payment has been received.
Date	Signature, Authorized CDD Staff
Additional staff co	omments, conditions, limitations: