



# CAMBRIDGE LICENSE COMMISSION

831 Massachusetts Avenue, Cambridge, MA 02139  
Tel: 617.349.6140 | Fax: 617.349.6148 | TTY/TTD: 617.349.6112  
[License@cambridgema.gov](mailto:License@cambridgema.gov)

**FEE:** \$12.10 PER PARKING SPACE

## OPEN AIR PARKING LICENSE APPLICATION

Corporate/Applicant Name: \_\_\_\_\_ Tax ID No.: \_\_\_\_\_

Doing Business As (d.b.a): \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Manager Information:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Proposed Days/Hours of Operation:

Sunday: \_\_\_\_\_ Thursday: \_\_\_\_\_

Monday: \_\_\_\_\_ Friday: \_\_\_\_\_

Tuesday: \_\_\_\_\_ Saturday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Proposed Number of Parking Spaces: \_\_\_\_\_

*The undersigned, being the owner/holder/manager of the license, hereby certifies under the pains and penalties of perjury, that: the information above is true accurate to the best of my understanding and belief.*

Print Name: \_\_\_\_\_ Relation to Business: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone/Cellphone: \_\_\_\_\_ Email: \_\_\_\_\_

### For Official Use Only

Fee Total: \_\_\_\_\_

Granted: \_\_\_\_\_

Denied: \_\_\_\_\_

Conditions/Notes: \_\_\_\_\_

INTERDEPARTMENTAL PARKING FACILITY REGISTRATION FORM

1.) Name and address of parking facility: \_\_\_\_\_

Telephone: \_\_\_\_\_

2.) Location of parking facility according to Assessing Department<sup>1</sup>: Block No. \_\_\_\_\_ Lot No.(s) \_\_\_\_\_

Application must include a signed and dated scale layout of the parking facility with lot lines, driveways, curb cuts, parking stalls, loading zones, building entrances/exits, pedestrian walkways, bicycle storage, etc.

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<sup>2</sup> (with a fee?  Yes  No)
 Principal<sup>3</sup> (with a fee?  Yes  No)

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

10.) Number of Parking Spaces Required by Zoning<sup>4</sup>: Minimum \_\_\_\_\_ Maximum \_\_\_\_\_

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

Table with 4 columns: Type, Registered<sup>5</sup>, Proposed, Proposed User(s): (Name of company, residence, or individual). Rows include Commercial (for a fee), Residential, Employee, Customer/Client, Visitor/Guest, 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.

Owner Signature & Title Date Operator Signature & Title Date

Print Name (Owner) & Title Print Name (Operator) & Title

1 For questions, contact the Assessing Dept. at 617-349-4343 or on the web at www.cambridgema.gov/assess/
2 Accessory use parking only has non-commercial users who are located on-site.
3 Principal use parking has a non-commercial user who is located off-site.
4 Parking requirements are described in Article 6 of the Cambridge Zoning Ordinance. Call Inspectional Svcs. at 617-349-6100.
5 Pre-existing off-street parking spaces are registered in the City parking inventory. Call the Traffic Department at 617-349-4745.

**Instructions:** First department to receive application should confirm applicant has completed first page and understands that the required sign-offs may be conditional on others in order. After that department completes the top line of this page and any possible sign-off(s), application should be forwarded to next department for sign-off. Each signing department must indicate the approved # of spaces under "parking tally" plus any conditions. The Traffic Department can not sign-off on a building permit until parts 1), 2), and 4) below are signed. Zoning can not review a building permit application until Traffic has signed off. Licensing can not approve a parking license, if required, until parts 1), 2), 3), and 4) below are signed.

<b>Regarding the application for _____, the following approvals must be received:</b>	<b>Parking Tally</b>
	<b>Proposed:</b> _____
1) Number of spaces registered in the parking inventory (info: 617-349-4745): _____ Commercial _____ Residential _____ Other (employee, visitor, etc.)	<b>Registered:</b> _____ conditions:
Signed _____ Department of Traffic, Parking & Transportation Date	
2) Facility has an approved PTDM Plan (info: 617-349-4673): <input type="checkbox"/> Yes. <input type="checkbox"/> No, not required.	<b>PTDM:</b> _____ conditions:
Signed _____ PTDM Planning Officer Date	
3) Facility has permit from Inspectional Services Department (info: 617-349-6100): <input type="checkbox"/> Yes, _____ spaces valid until ____/____/____. <input type="checkbox"/> No, not required.	<b>BZA:</b> _____ conditions:
Signed _____ Inspectional Services Department Date	
4) Facility has received a commercial parking permit from the CPCC (info: 617-349-4745): <input type="checkbox"/> Yes, _____ spaces valid until ____/____/____. <input type="checkbox"/> No, not required.	<b>CPCC:</b> _____ conditions:
Signed _____ Department of Traffic, Parking & Transportation Date	
5) Facility must obtain a garage license from the License Commission (info: 617-349-6140): <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <input type="checkbox"/> Garage &amp; gasoline storage permit required.         </div> <input type="checkbox"/> Yes, _____ spaces valid until ____/____/____. <input type="checkbox"/> No, parking license not required.	<b>License:</b> _____ conditions:
Signed _____ Cambridge License Commission Date	

*To be completed by Inspectional Services or License Commission:*

**Final Approved Number of Spaces:** \_\_\_\_\_

*For use by the Traffic Department:*

Final Parking Inventory Registration: \_\_\_\_\_ Commercial \_\_\_\_\_ Residential \_\_\_\_\_ Other \_\_\_\_\_ Exempt

**FORWARD COPIES TO: TRAFFIC, PARKING & TRANSPORTATION DEPARTMENT; LICENSE COMMISSION; INSPECTIONAL SERVICES DEPARTMENT; AND PTDM PLANNING OFFICER.**