

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):

Table with 4 columns: Type, Registered, Proposed, Proposed User(s). Rows include Commercial, 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.

Owner Signature & Title _____ Date _____

Operator Signature & Title _____ Date _____

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

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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: _____

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

- Garage License Required: Yes No
- Open Air Lot License Required: Yes No

If Yes: _____ Initial: _____

Obtained: ____/____/____

Obtained: ____/____/____

Signed _____
Cambridge License Commission Date