



CITY of **BOSTON**

Air Pollution Control Commission

APPLICATION FOR PARKING FREE PERMIT

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Questions? Call

Air Pollution Control Commission

(617) 635-3850

DATE OF APPLICATION: ____ / ____ / ____

GENERAL APPLICATION INFORMATION

PARCEL ID#: _____

☐ Request a New Parking Freeze Permit

☐ Modify an Existing Parking Freeze Permit

POINT OF CONTACT: _____

PHONE NUMBER: (____) ____ - ____

EMAIL: _____

FACILITY INFORMATION

FACILITY NAME: _____

FACILITY ADDRESS: _____

Street

State, Zip

City

OWNER NAME: _____

OWNER ADDRESS: _____

Street

City State, Zip

OWNER PHONE: (____) ____ - ____

NEIGHBORHOOD

☐ Downtown Boston

☐ South Boston

NEIGHBORHOOD SPECIFIC INFORMATION: (Please list the number of each type of space)

DOWNTOWN BOSTON

Commercial Spaces: _____

Exempt Spaces: _____

Residential
Excluded Spaces: _____

SOUTH BOSTON

Commercial Spaces: _____

Residential
Included Spaces: _____

Residential
Excluded Spaces: _____

IMPORTANT APPLICATION INFO

PAYMENT

Please include a check or money order made payable to the City of Boston, Air Pollution Control Commission. The fee is \$10 per parking space.

WHERE TO SEND

You can email your application and supporting documents to APCC@boston.gov or bring or mail your application, documents, and payment to:

Air Pollution Control Commission
Boston City Hall
1 City Hall Square, Room 709
Boston, MA 02201

WRITTEN PROOF

Please attach written proof that the applicant is the owner of record or has written approval from the owner of record to file this application.



FREEZE AREA INFORMATION:

DO YOU OR WILL YOU CHARGE FOR PARKING:

- ☐ Yes
- ☐ No
- ☐ Not Sure

CURRENT OR PROPOSED PARKING METHOD:

- ☐ Valet
- ☐ Self-parking
- ☐ Surface Lot
- ☐ Garage

**TOTAL NUMBER
OF SPACES:**

**TOTAL FACILITY
SQUARE FOOTAGE:**

**NUMBER OF
NEW SPACES:**

**RATIO OF RESIDENTIAL SPACES
TO RESIDENTIAL UNITS:**

**NUMBER OF
EXISTING SPACES:**

PLEASE LIST TOTAL BUILDING SQUARE FOOTAGE BY USE TYPE

(E.g. 100,000 s.f. commercial, 200,000 s.f. residential, etc.)

Please verify all the information above. If the application is in all respects an accurate and complete document, we'll follow up about coordinating the application fee (\$10 per parking space).

Once the payment is received, the applicant will be placed on the agenda for the next hearing for which this application was received at least 60 days before.

I hereby attest that this document contains, in all respects, true, accurate and complete information.

Signed, _____ Date _____

Print Name, _____

IMPORTANT APPLICATION INFO

Attach a site plan of the parking facility showing:

- location of the facility;
- layout of the spaces;
- entry and exit points;
- total square footage of the parking area;
- location and amount of electric vehicle parking;
- location and amount of bicycle parking.

STATEMENT OF NEED

A general description of the facility and the parking needs of the project, local entities, and patrons that the proposed facility will serve. Any written support (letters, etc.) that you wish to supply in support of this statement should be attached

HISTORIC DISTRICT WORK

If you are working in a historic district or on a designated landmark, you should consult with the appropriate historic or architectural commission. Visit **boston.gov/landmarks** before starting any work.