



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. Application and renewal fees only currently apply to locations within the South Boston Parking Freeze Zones.

WHERE TO SEND

We prefer you email your application and supporting documents to APCC@boston.gov. You can 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.

WHAT NOT TO SEND

You'll need to put together at most six paper copies of your application. Do not deliver them to us too far in advance in case there are any changes. About two weeks before your hearing date is fine



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. In anticipation of the application being in all respects an accurate and complete document; please mail the application fee (\$10 per parking space) to our office.

Application and renewal fees only currently apply to locations within the South Boston Parking Freeze Zones.

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.