



**A. GENERAL APPLICATION INFORMATION**

1. *Project Location*

a. Street Address	b. City/Town	c. Zip Code
f. Assessors Map/Plat Number	g. Parcel/Lot Number	

2. *Applicant*

a. First Name	b. Last Name	c. Company	
d. Mailing Address			
e. City/Town		f. State	g. Zip Code
h. Phone Number	i. Fax Number	j. Email address	

3. *Property Owner*

a. First Name	b. Last Name	c. Company	
d. Mailing Address			
e. City/Town		f. State	g. Zip Code
h. Phone Number	i. Fax Number	j. Email address	

*Check if more than one owner:*

(If there is more than one property owner, please attach a list of these property owners to this form.)



4. Representative (if any)

a. First Name	b. Last Name	c. Company	
d. Mailing Address			
e. City/Town		f. State	g. Zip Code
h. Phone Number	i. Fax Number	j. Email address	

5. What kind of application is being filed?

Request a New Parking Freeze  
Permit or Exemption Certification

Modify an existing Parking Freeze Permit  
or Exemption Certification

6. Which Parking Freeze is your facility located in

Downtown Boston

South Boston

**B. PARKING FACILITY INFORMATION**

1. Applicant

Downtown Boston		South Boston	
Commercial Spaces		Commercial Spaces	
Exempt Spaces		Residential Included Spaces	
Residential Excluded Spaces		Residential Excluded Spaces	

2. Do you currently or will you charge for parking?

Yes

No

Not sure

3. What is your current or proposed parking method and facility type? (select all that apply)

Valet

Surface Lot

Self-Parking

Garage



4. Is your project compliant with the City's Bicycle Parking Guidelines?

Number of Long-Term Bicycle Spaces:	Number of Showers:
Number of Short-Term Bicycle Spaces:	Bikeshare Station Size and Contribution:
Number of Lockers:	Other Amenities (Please List):

5. Is your project compliant with the City's Electric Vehicle Readiness Policy?

EVSE-Installed Points: <b>A</b>	Total number of spaces: <b>C</b>
EV-Ready Points: <b>B</b>	Does <b>A + B = C</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No

Note: Please attach the Electric Vehicle Equivalency Calculator to this application, available at [www.boston.gov/recharge-boston](http://www.boston.gov/recharge-boston).

6. Please fill out the information below:

Total Number of Proposed Spaces:	Total Parking Facility Square Footage:
Number of New Spaces:	Ratio of Residential Spaces to Units:
Number of Existing Spaces:	(Optional) Number of Spaces Returned:

7. Please list the total facility square footage by use type:

Residential Sqft:	Retail Sqft:
Office/Admin Sqft:	Institutional Sqft:
Industrial Sqft:	Lodging Sqft:

8. Are you required to execute a Transportation Access Plan Agreement (TAPA)?

Yes  No

(If yes, please attach the draft or final TAPA to this form if available.)



**C. SIGNATURES AND SUBMITTAL REQUIREMENTS**

I hereby certify under the penalties of perjury that the foregoing Notice of Intent and accompanying plans, documents, and supporting data are true and complete to the best of my knowledge. I understand that the Applicant will place notification of this Application in a local newspaper at the expense of the applicant in accordance with the Procedures and Criteria for the Issuance of Parking Freeze Permits.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Property Owner (if different) \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Representative (if any) \_\_\_\_\_  
Date

**D. ADDENDUM: IMPORTANT APPLICATION INFORMATION**

**PAYMENT**

Please include a check or money order made payable to the City of Boston, Air Pollution Control Commission. The fee is \$20 per parking space. Application and renewal fees apply to all locations within the Downtown, East Boston, and South Boston Parking Freeze Zones.

**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.

**STATEMENT OF NEED**

Please attach 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



## **SITE PLANS**

Please attach a site plan of the parking facility showing:

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

## **OTHER APPLICABLE REVIEWS**

If you are working in a historic district or on a designated landmark, you should consult with the appropriate historic or architectural commission. If you are working in the floodplain or within 100 feet of a wetland, you should consult with the Conservation Commission. Visit [boston.gov/landmarks](http://boston.gov/landmarks) and [boston.gov/conservation](http://boston.gov/conservation) before starting any work.

## **WHERE TO SEND**

We prefer you complete the digital application using this form. Export the form as a PDF and email your application and supporting documents to [APCC@boston.gov](mailto:APCC@boston.gov). You can also mail your application, documents, and payment to: Air Pollution Control Commission, Boston City Hall, 1 City Hall Square, Room 709, Boston, MA 02201. Please notify us that you have sent an application by mail at [APCC@boston.gov](mailto:APCC@boston.gov).