# City of Cambridge, Massachusetts



# INTERDEPARTMENTAL PARKING FACILITY REGISTRATION FORM

**1.) Name and address of parking facility:**_____

_____Telephone:_____

**2.) Location of parking facility according to Assessing Department[1]:** 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[2] (with a fee? ☐ Yes ☐ No)
- ☐ Principal[3] (with a fee? ☐ Yes ☐ No)

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

**10.) Gross Floor Area (square feet) of building(s) that use the parking facility:** _____

**11.) Number of Parking Spaces Required by Zoning[4]:** Minimum _____ Maximum _____

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

| Type: | Registered[5]: | Proposed: | Proposed User(s): (Name of company, residence, or individual) |
|---|---|---|---|
| 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.

 **FOR CITY OF CAMBRIDGE USE ONLY. DO NOT WRITE BELOW THIS LINE** 7/08/09

**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.

**Regarding the application for _____ ,**
**the following approvals must be received:**

**Parking Tally**
**Proposed:** _____

1) Number of spaces registered in the parking inventory (info: 617-349-4745):
_____Commercial _____Residential _____Other (employee, visitor, etc.)

**Registered:** _____
conditions:

Signed _____ _____
Department of Traffic, Parking & Transportation Date

2) Facility has an approved PTDM Plan (info: 617-349-4673):
☐ Yes.
☐ No, not required.

**PTDM:** _____
conditions:

Signed _____ _____
PTDM Planning Officer Date

3) Facility has permit from Board of Zoning Appeals (info: 617-349-6100):
☐ Yes, _____ spaces valid until ____/____/_____.
☐ No, not required.

**BZA:** _____
conditions:

Signed _____ _____
Inspectional Services Department Date

4) Facility has received a commercial parking permit from the CPCC (info: 617-349-4745):
☐ Yes, _____ spaces valid until ____/____/_____.
☐ No, not required.

**CPCC:** _____
conditions:

Signed _____ _____
Department of Traffic, Parking & Transportation Date

5) Facility has received a parking license from the License Commission (info: 617-349-6140):
☐ Garage & gasoline storage permit required.
☐ Yes, _____ spaces valid until ____/____/_____.
☐ No, parking license not required.

**License:** _____
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.**