

INTERDEPARTMENTAL PARKING FACILITY REGISTRATION FORM

1.) Name and address of parking facility: Telephone:

2.) Location of parking facility according to Assessing Department<sup>1</sup>: 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? If "yes," indicate name and address of off-site user(s):

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?)
Principal (with a fee?)

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

10.) Number of Parking Spaces Required by Zoning: Minimum Maximum

11.) 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, 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.

**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.

<p><b>Regarding the application for _____ , the following approvals must be received:</b></p>	<p><b><u>Parking Tally</u></b></p>
<p>1) Number of spaces registered in the parking inventory (info: 617-349-4745):                  _____ Commercial    _____ Residential    _____ Other (employee, visitor, etc.)</p> <p>Signed _____                  _____ Department of Traffic, Parking &amp; Transportation    _____ Date</p>	<p><b>Proposed:</b> _____</p> <p><b>Registered:</b> _____                  conditions: _____</p>
<p>2) Facility has an approved PTDM Plan (info: 617-349-4673):  <input type="checkbox"/> Yes.  <input type="checkbox"/> No, not required.</p> <p>Signed _____                  _____ PTDM Planning Officer    _____ Date</p>	<p><b>PTDM:</b> _____                  conditions: _____</p>
<p>3) Facility has permit from Board of Zoning Appeals (info: 617-349-6100):  <input type="checkbox"/> Yes, _____ spaces valid until ____/____/____.  <input type="checkbox"/> No, not required.</p> <p>Signed _____                  _____ Inspectional Services Department    _____ Date</p>	<p><b>BZA:</b> _____                  conditions: _____</p>
<p>4) Facility has received a commercial parking permit from the CPCC (info: 617-349-4745):  <input type="checkbox"/> Yes, _____ spaces valid until ____/____/____.  <input type="checkbox"/> No, not required.</p> <p>Signed _____                  _____ Department of Traffic, Parking &amp; Transportation    _____ Date</p>	<p><b>CPCC:</b> _____                  conditions: _____</p>
<p>5) Facility has received a parking license from the License Commission (info: 617-349-6140):</p> <div style="border: 1px solid black; display: inline-block; padding: 2px; margin-bottom: 5px;"> <input type="checkbox"/> Garage &amp; gasoline storage permit required.             </div> <input type="checkbox"/> Yes, _____ spaces valid until ____/____/____. <input type="checkbox"/> No, parking license not required. <p>Signed _____                  _____ Cambridge License Commission    _____ Date</p>	<p><b>License:</b> _____                  conditions: _____</p>

*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.**