



**City of Boston Environment Department
Air Pollution Control Commission (APCC)**

NEW OR MODIFIED

**DOWNTOWN
PARKING FREEZE PERMIT (PFP) APPLICATION**

NOTICE: APPLICATIONS THAT ARE INCOMPLETE OR HAVE ERRORS WILL NOT BE ACCEPTED AND WILL NOT TOLL ANY DEADLINES.

1. Parcel ID #: _____ **(Assessing Department #)**

Name, address of facility:	Name, address of owner:

Name, address of contact person:	Name and address of lessee, if any:

2. Attach written proof that applicant is owner of record or has written approval from the owner of record to file application.

3. Type of Request: **New Facility?** **Existing Facility?**

4.

Freeze Area	Total # of spaces	# of new spaces	# of existing spaces
DOWNTOWN			

5.

Type of Spaces	Commercial	Residential	Employee
DOWNTOWN			

6. Total square footage of property referred to in this application: _____ **SF.**

7. Gross square footage of all occupied buildings on the property, whether occupied for residential, commercial, retail, manufacturing, or any other purpose.

Purpose	Square Footage

8. Attach a site plan or floor plan of the parking lot or garage, showing:

- Location of the facility;
- Entry and exit points; and
- Layout of the spaces;
- Total square footage of the parking area.

9. Provide ratio of proposed parking spaces to # of patrons.

___ parking spaces for ___ employees; ___ residents; ___ other patrons

10. Indicate the proposed parking rate structure, if any:

- ___ per hour, ___ per day; ___ per month.
- these rates are in effect: _____ (days of the week).

11. Current parking method(s) in effect on the property (check all that apply):

- Valet
- Self-parking
- Surface
- Garage

12. List all supporting documents and/or appendices accompanying this application.

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

Signed, _____ Date _____

Print Name, _____

**APPENDIX A:
STATEMENT OF NEED OF PROPOSED FACILITY**

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