

Air Pollution	Control	Commission
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GENERAL APPLICATION INFORMATION

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.)



PARKING FREEZE APPLICATION FORM

Air Pollution Co	ontrol Con	nmission
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ΔPCC	Permit	Number	r

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

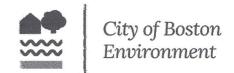


PARKING FREEZE APPLICATION FORM	

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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 A Points:	Total number of C spaces:		
EV-Ready Points: B	Does $A + B = C$? \Box Yes \Box No		
Note: Please attach the Electric Vehicle Equivalency Calculator to this application, available at 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 Transportatio ☐ Yes	m Access Plan Agreement (TAPA)? □ No		
(If yes, please attach the draft or final TAPA to this fo	rm if available.)		



PARKING FREEZE APPLICATION FORM

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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.

Felix Lui	2/7/23			
Signature of Applicant	Date			
Signature of Property Owner (if different)	Date			
Signature of Property Owner (ii differency	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