City of Boston Environment

PARKING FREEZE APPLICATION FORM

Air Pollution Control Commission

A.   GENERAL APPLICATION INFORMATION

1.   *Project Location*

Generally bounded by Parkman Street, Blossom Street, Cambridge Street and North Grove Street a. Street Address	Boston b. City/Town	02114 c. Zip Code
Please see attached parcel list. f. Assessors Map/Plat Number	Please see attached parcel list. g. Parcel/Lot Number	

2.   *Applicant*

Tammy a. First Name	Simeonidis b. Last Name	The General Hospital Corporation c. Company	
55 Fruit Street d. Mailing Address			
Boston e. City/Town		Massachusetts f. State	02114 g. Zip Code
617-726-7512 h. Phone Number	N/A i. Fax Number	tsimeonidis@partners.org j. Email address	

3.   *Property Owner*

N/A a. First Name	N/A b. Last Name	The General Hospital Corporation c. Company	
55 Fruit Street d. Mailing Address			
Boston e. City/Town		Massachusetts f. State	02114 g. Zip Code
N/A h. Phone Number	N/A i. Fax Number	N/A 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)*

Christian	Regnier	Goulston & Storrs	
a. First Name	b. Last Name	c. Company	
400 Atlantic Avenue			
d. Mailing Address			
Boston		Massachusetts	02110
e. City/Town		f. State	g. Zip Code
(617) 574-6591	N/A	cregnier@goulstonstorrs.com	
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

[X] Modify an existing Parking Freeze Permit or Exemption Certification

6. *Which Parking Freeze is your facility located in*

[X] Downtown Boston

[ ] South Boston

B. PARKING FACILITY INFORMATION

1. *Applicant*

Downtown Boston		**South Boston**	
Commercial Spaces	0	Commercial Spaces	0
Exempt Spaces	864	Residential Included Spaces	0
Residential Excluded Spaces	0	Residential Excluded Spaces	0

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

[X] Yes   [ ] No   [ ] Not sure

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

[X] Valet   [ ] Surface Lot

[X] Self-Parking   [X] Garage

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

Number of Long-Term Bicycle Spaces:	500	Number of Showers:	43
Number of Short-Term Bicycle Spaces:	66	Bikeshare Station Size and Contribution:	$288,724, which includes $75,000 for the installation of a new Bluebikes station
Number of Lockers:	3,088	Other Amenities (Please List):	MBTA headhouse for the Red / Blue Connector project; funding to the BPDA to be allocated to the BTD and PWD, as further described in the TAPA. See also Statement of Need.

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

EVSE-Installed Points:	**A**	222	Total number of spaces:	**C**	864
EV-Ready Points:	**B**	642	Does **A** + **B** = **C**?	[X] Yes	[ ] 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:	864	Total Parking Facility Square Footage:	416,062
Number of New Spaces:	864	Ratio of Residential Spaces to Units:	N/A
Number of Existing Spaces:	642	(Optional) Number of Spaces Returned:	

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

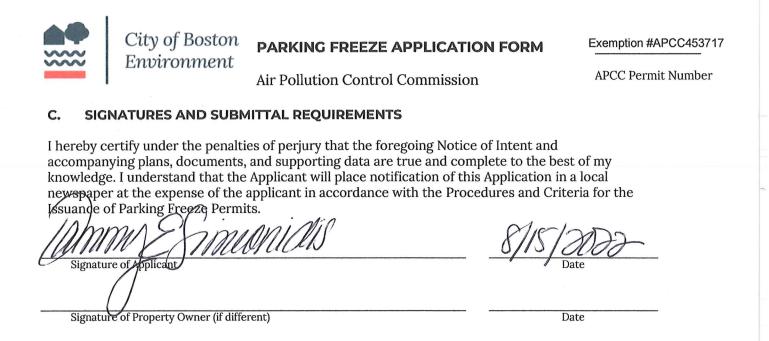|			
Residential Sqft:	0	Retail Sqft:	0
Office/Admin Sqft:	0	Institutional Sqft:	1,050,450
Industrial Sqft:	0	Lodging Sqft:	0

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

[X] Yes   [ ] No

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

Please see attached fully-executed TAPA.

City of Boston
Environment

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Air Pollution Control Commission

Exemption #APCC453717

APCC Permit Number

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.

_____   8/15/2022
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 and 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. 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.