



# CAMBRIDGE HISTORICAL COMMISSION

831 Massachusetts Avenue, 2<sup>nd</sup> Fl., Cambridge, Massachusetts 02139  
Telephone: 617 349 4683 TTY: 617 349 6112  
E-mail: histcomm@cambridgema.gov URL: www.cambridgema.gov/Historic

## APPLICATION FOR CERTIFICATE

1. The undersigned hereby applies to the Cambridge Historical Commission for a Certificate of (check one box):  Appropriateness,  Nonapplicability, or  Hardship, in accordance with Chapter 40C of the Massachusetts General Laws and/or Chapter 2.78 of the Municipal Code.

2. Address of property:  , Cambridge, Massachusetts

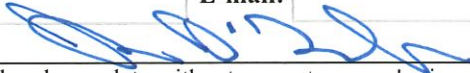
3. Describe the proposed alteration(s), construction or demolition in the space provided below: (An additional page can be attached, if necessary).

This project will install separated bike lanes and pedestrian crossing islands on Brattle St between Sparks St and Fresh Pond Pkwy within the Old Cambridge Historic District.

As with Phase 1 of the project, we will use flex-posts and pre-cast concrete curbs to separate the bike lane from traffic.

In addition, we plan to install raised crossing islands and granite curbs at six locations, including: 1) Brattle St at Appleton St, 2) Brattle St at Lowell St, 3) Brattle St at Channing St, 4 and 5) Brattle St at Fayerweather St (two locations), and 6) Brattle St at Lexington Ave. At three of these locations, we will straighten the north curb, restoring the curb to its previous curb line, which was altered in 2010. We also propose to remove the existing pedestrian island across Brattle St at Sparks St, to be replaced with painted asphalt.

I certify that the information contained herein is true and accurate to the best of my knowledge and belief. The undersigned also attests that he/she has read the statements printed on the reverse.

Name of Property Owner of Record: <input type="text" value="City of Cambridge"/>	
Mailing Address: <input type="text" value="795 Massachusetts Avenue, Cambridge, MA 02139"/>	
Telephone/Fax: <input type="text" value="(617) 349 4300"/>	E-mail: <input type="text"/>
Signature of Property Owner of Record: 	
(Required field; application will not be considered complete without property owner's signature)	
Name of proponent, if not record owner: <input type="text" value="City of Cambridge, Dept. of Traffic, Parking and Transportation"/>	
Mailing Address: <input type="text" value="344 Broadway, Cambridge, MA 02139 (Att: Brooke McKenna)"/>	
Telephone/Fax: <input type="text" value="(617) 349-4723"/>	E-mail: <input type="text" value="bmckenna@cambridgema.gov"/>

(for office use only):		
Date Application Received: _____	Case Number: _____	Hearing Date: _____
Type of Certificate Issued: _____	Date Issued: _____	