



# 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).

Currently the structure on the lot is non conforming. ie the left and right setbacks are less than required, The house is not parallel to the street. We propose to gut the interior of the entire structure. Lift the structure of the existing concrete foundation. place the structure in the rear yard. remove the existing foundation and install a new foundation with a parallel setback to the street. we intend to relocate the existing structure on the new foundation. in order to make the structure fully conforming, we would remove 6" from both sides of the existing structure. we intend to attach a modest shed dormer at the rear of the structure and build an attached garage and second dwelling structure in the rear yard.  
we intend to side the structure, matching the existing shingles on the original house. The windows will have wood on the exterior with a 6 over 1 grills

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="Kevin Emery &amp; Eamon Fee"/>	
Mailing Address: <input type="text" value="9 Gregory Lane Reading Ma 01867"/>	
Telephone/Fax: <input type="text" value="617-592-3928 617-592-3921"/>	E-mail: <input type="text" value="eamonfee@mac.com"/>
Signature of Property Owner of Record: <u>Eamon Fee</u> (Required field; application will not be considered complete without property owner's signature)	
Name of proponent, if not record owner: <input type="text"/>	
Mailing Address: <input type="text"/>	
Telephone/Fax: <input type="text"/>	E-mail: <input type="text"/>

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