



CAMBRIDGE HISTORICAL COMMISSION

831 Massachusetts Avenue, 2nd Fl., Cambridge, Massachusetts 02139
Telephone: 617 349 4683 Fax: 617 349 3116 TTY: 617 349 6112
E-mail: histcomm@cambridgema.gov URL: http://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).

Approval for the redistribution of first floor sign allocation to the upper floor which is allowed under Section 20.55.1.2 in the Zoning Ordinance

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="Conductor's Building LLC"/>	
Mailing Address: <input type="text" value="c/o Carpenter and Company INC, 20 University RD Cambridge MA 02138"/>	
Telephone/Fax: <input type="text" value="617-864-2800"/>	E-mail: <input type="text" value="jmessin@Carpenterholdings.com"/>
Signature of Property Owner of Record: <input type="text" value="[Signature]"/> (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: _____		