



CAMBRIDGE HISTORICAL COMMISSION

831 Massachusetts Avenue, 2nd 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: |1400 Massachusetts Avenue |, Cambridge, Massachusetts

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

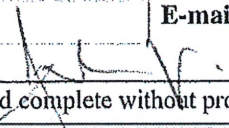
Renovation and enclosure of the existing building vestibule facing Harvard Square. The existing, non-conditioned space will be enclosed by a new, all-glass wall behind the existing columns in order to create a more comfortable customer entry-experience. The new glass wall will also allow the removal of the existing bird-netting which obscures the existing drum vault ceiling.

The existing lighting will be enhanced in order to better show off the existing space, vitrines (which will be cleaned but otherwise remain as-is) and ceiling.

Signage on the Palmer Street facade will be updated.

As part of normal maintenance, the existing terrazzo floor, which is in poor condition, will be replaced/repared in-kind and the Mass Ave facing facade will be cleaned. Up to ten (10) windows on the Palmer Street facade will be replaced in-kind, per the conditions applied by the CHC during the last window replacement project on the Mass Ave facade by the CHC.

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: Harvard Cooperative Society	
Mailing Address: 1400 Massachusetts Ave, Cambridge MA 02138	
Telephone/Fax: 617-499-2000	E-mail: jmurphy@thecoop.com
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:	
Mailing Address:	
Telephone/Fax:	E-mail:

<u>(for office use only):</u>		
Date Application Received: 9/14/2020	Case Number: 4402	Hearing Date: 10/1/2020
Type of Certificate Issued:	Date Issued:	