



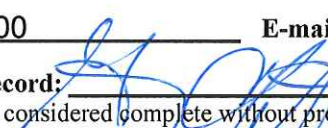
CAMBRIDGE HISTORICAL COMMISSION

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: 18-20 Farwell Place, Cambridge, Massachusetts
3. Describe the proposed alteration(s), construction or demolition in the space provided below:
(An additional page can be attached, if necessary).
 1. Construct a dormer with three windows at the second floor, west elevation. (partially open to public view/distant public view)
 2. Construct a below-grade egress stairwell at the basement level, east elevation (not open to public view)
 3. Relocate a fence and gate at grade, east elevation. (open to public view)
 4. Add a French door pair with sidelights (not open to public view)
 5. Add a transom window at first floor French doors, south elevation. (not open to public view)
 6. Add a skylight at the third floor (attic) roof. (open to distant public view)
 7. Add two skylights at the second floor roof, east elevation. (not open to public view)
 8. Add three skylights at first floor kitchen addition, east elevation, (partially open to distant public view)
 9. Add three skylights at first floor kitchen addition, west elevation. (not open to public view)

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: <u>Gary S. Chafetz and C. Rieder</u>	
Mailing Address: <u>20 Farwell Place</u>	
Telephone/Fax: <u>617-413-8600</u>	E-mail: <u>garychafetz@comcast.net</u>
Signature of Property Owner of Record: <u> C Rieder</u> (Required field; application will not be considered complete without property owner's signature)	
Name of proponent, if not record owner: <u>David W. Torrey, AIA</u>	
Mailing Address: <u>Torrey Architecture, Inc., 75 Kneeland St., Boston, MA 02111</u>	
Telephone/Fax: <u>617-227-1477</u>	E-mail: <u>david@torreyarchitecture.com</u>

<i>(for office use only):</i>	
Date Application Received: _____	Case Number: <u>3659</u> Hearing Date: <u>8/4/16</u>
Type of Certificate Issued: _____	Date Issued: _____

