



CAMBRIDGE HISTORICAL COMMISSION

831 Massachusetts Avenue, 2nd Fl., Cambridge, Massachusetts 02139
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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 – i.e the left and right setbacks are less than required. The house is not parallel to the street. The ZBA denied us relief on the nonconformity. In order to make the building conforming and erect the 2nd structure at the rear, we propose to gut the interior of the entire structure. Then we will lift the structure of the existing concrete foundation and place the structure in the rear yard. We will remove the existing foundation and install a newly conforming foundation. We propose to remove a foot from the center of the structure and rejoin the building.

We propose to save the existing structural elements of the front door entrance.

This process will help preserve the existing gables and all their structural and cosmetic components. Once completed, 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 preserve the existing cedar siding; any repairs will match the existing materials. The windows will have wood on the exterior with a 6 over 1 grill.

The current structure will be almost 100 percent preserved and restored back to its original condition in 1947.

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:

Mailing Address:

Telephone/Fax:

E-mail:

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:

(for office use only):

Date Application Received: _____ Case Number: _____ Hearing Date: _____

Type of Certificate Issued: _____ Date Issued: _____