



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

(violation)

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.

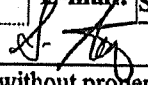
2. Address of property: , Cambridge, Massachusetts

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

Repave existing asphalt driveway following existing footprint and using existing curbcut. New driveway to maintain existing driveway pitch and elevations. Add an approximately 10' wide section along the left side (approximately 10' x 33'). Install new granite curbing at flower bed near house to retain planting soil. Granite curbing to match existing granite curbing of the front path, near the front door.

Add a new bluestone path connecting driveway to front path at front door. Path to have two granite steps to match existing granite steps where it meets existing front path.

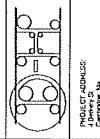
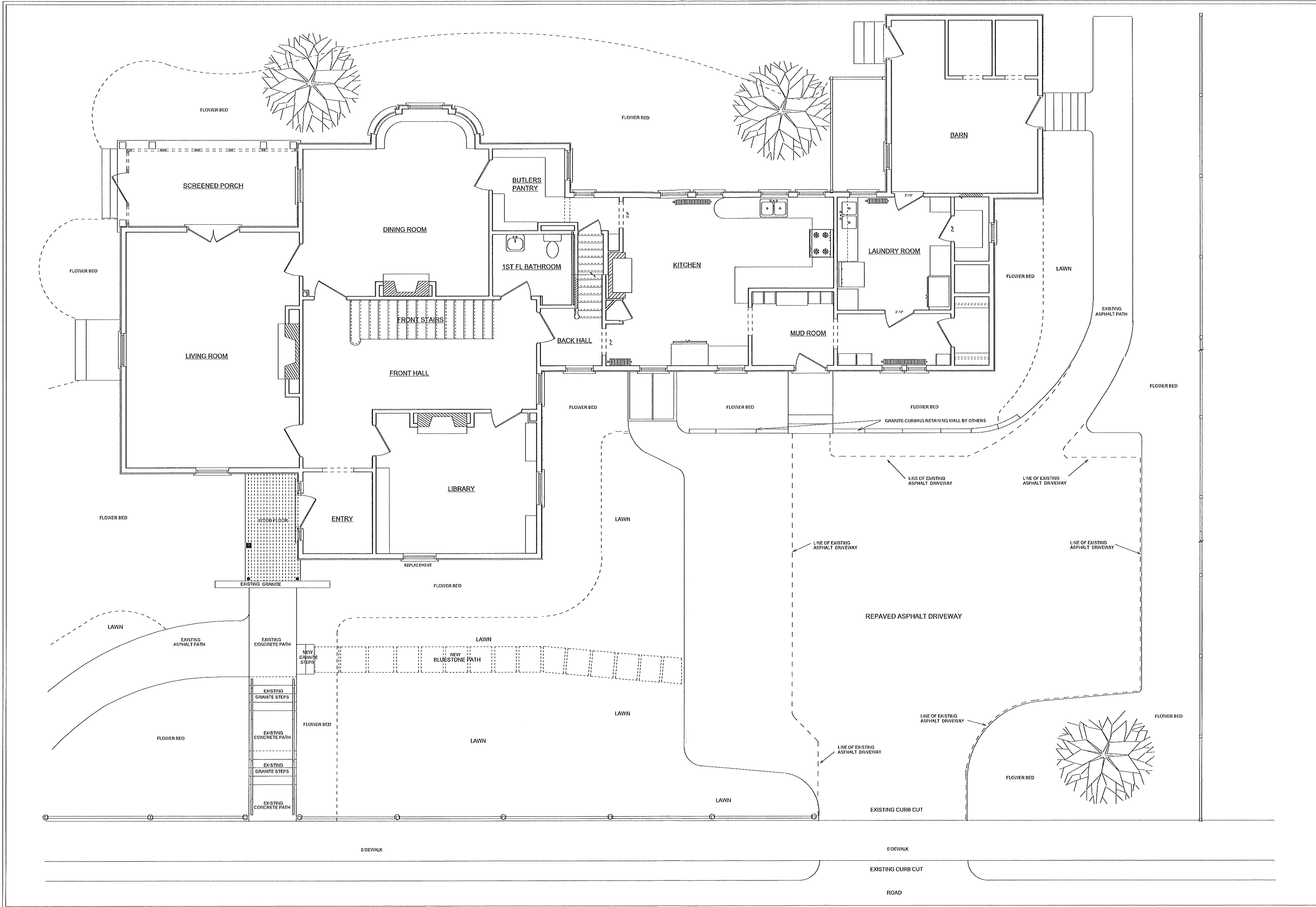
I certify that the information contained herein is true and accurate to the best of my knowledge and belief. The undersigned also attests that he/she has read the statements printed on the reverse.

Name of Property Owner of Record: <input type="text" value="Sowing Seeds LLC - Steve Shabet Trustee"/>	
Mailing Address: <input type="text" value="98 Benson Rd Bridgewater CT. 06752"/>	
Telephone/Fax: <input type="text" value="(917) 579-6661"/>	E-mail: <input type="text" value="SowingSeeds98@gmail.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: <input type="text" value="Peter Daus-Haberle"/>	
Mailing Address: <input type="text" value="63 N Hancock St. Lexington, Ma 02420"/>	
Telephone/Fax: <input type="text" value="(781) 718-6231"/>	E-mail: <input type="text" value="dhhomedesign@aol.com"/>

(for office use only):

Date Application Received: _____ Case Number: 5219 Hearing Date: 11/7/24

Type of Certificate Issued: _____ Date Issued: _____



Daus - Habertele Design
 Project: 4 Berkeley St
 Drawing No: 04
 Date: 9/22/2024

4 Berkeley St Project
 Proposed Driveway Plan

Revision: 04

DRAWING NUMBER
 1 OF 4