



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: 1124 MASSACHUSETTS AVE., Cambridge, Massachusetts
3. Describe the proposed alteration(s), construction or demolition in the space provided below:
(An additional page can be attached, if necessary).

AT A HEARING ON 12/05/24 THE HSqCD APPROVED THE RENOVATION OF THE EXISTING 3 STORY RESIDENCE AT 1124 MASSACHUSETTS AVE. THE RENOVATION FOCUSSED ON MATCHING THE ORIGINAL DETAILING ON ALL PORTIONS OF THE FACADE THAT ARE VISIBLE FROM MASSACHUSETTS AVENUE.

WE NOW PROPOSE AN ADDITION TO THE 4TH FLOOR OF THE EXISTING STRUCTURE TO HOUSE A LIBRARY / STUDY AREA WITH A SMALL ROOF DECK OVERLOOKING MASSACHUSETTS AVENUE. THE ADDITION WILL BE SET BACK FROM THE FRONT PROPERTY LINE FACING MASS AVE TO REDUCE VISIBILITY AND TO SEPARATE IT FROM THE EXISTING FACADE. THE PROPOSED ADDITION IS AS-OF-RIGHT WITH RESPECT CAMBRIDGE ZONING.

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: Sigma Chi Foundation Inc.

Mailing Address: 1714 Hinman Avenue, Evanston, IL 60201

Telephone/Fax: 847-344-8844 E-mail: mgreenberg517@outlook.com

⇒ Signature of Property Owner of Record: *Michael A. Greenberg*
(Required field; the application will not be considered complete without the 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: Amendment 5230 Hearing Date: 11/6/25

Type of Certificate Issued: _____ Date Issued: _____