



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: 17 Story Street + 129 Mt Auburn St, Cambridge, Massachusetts

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

The redevelopment of 17 Story Street proposes relocating the Harriet Jacobs House from the back of the site to sit prominently at the front corner of Mt. Auburn and Story Streets. This re-positioning of the house finally elevates its prominence in Harvard Square and serves not only as the focal element of the development but also proper recognition of Harriet Jacobs' legacy.

The proposed relocation of the historic house to the front of the site allows the new eight story Hotel + Residence building to occupy the back of the site and in a sense serve as a backdrop to the house. The new building will have a program including approximately 67 hotel keys as well as approximately 52 residential units. The Harriet Jacobs House will serve as the Hotel Lobby and will connect to a small café.

Demolish 3-decker at 129 Mt Auburn St.

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: 17 Story Street, LLC

Mailing Address: 6 Bennett Street, Cambridge, MA 02138

Telephone/Fax: 617 797-6365

E-mail: janetjiang@cambridgecapital.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: Patrick W. Barrett

Mailing Address: 6 Bennett Street, Cambridge, MA 02138

Telephone/Fax: 617 778-3521

E-mail: jbrealtylc@gmail.com

(for office use only):

Date Application Received: _____ Case Number: 5326 Hearing Date: 8/14/25

Type of Certificate Issued: _____ Date Issued: _____