



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: , Cambridge, Massachusetts

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

Installation of historic marker panels on the south side of Winthrop Square Park describing the area known today as Cambridge, which was inhabited by Indigenous Peoples for thousands of years before the arrival of European explorers and English colonial settlers. The narrative was authored by Elizabeth Solomon, elder of the Massachusetts Tribe at Ponkapoag, in collaboration with staff of the Historical Commission department. The design includes five panels to be installed behind the granite post and wood rail fence on the Winthrop Street side of the park. See attached site plan and photographs.

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="City of Cambridge, Massachusetts"/>	
Mailing Address: <input type="text" value="795 Massachusetts Ave"/>	
Telephone/Fax: <input type="text" value="617-349-4683"/>	E-mail: <input type="text" value="histcomm@cambridgema.gov"/>
Signature of Property Owner of Record: <u><i>Katherine Winters</i></u> , Katherine Winters (Required field; application will not be considered complete without property owner's signature)	
Name of proponent, if not record owner: <input type="text"/>	
Mailing Address: <input type="text"/>	
Telephone/Fax: <input type="text"/>	E-mail: <input type="text"/>

(for office use only):			
Date Application Received: _____	Case Number: <u>5414</u>	Hearing Date: <u>6/18/26</u>	
Type of Certificate Issued: _____	Date Issued: _____		

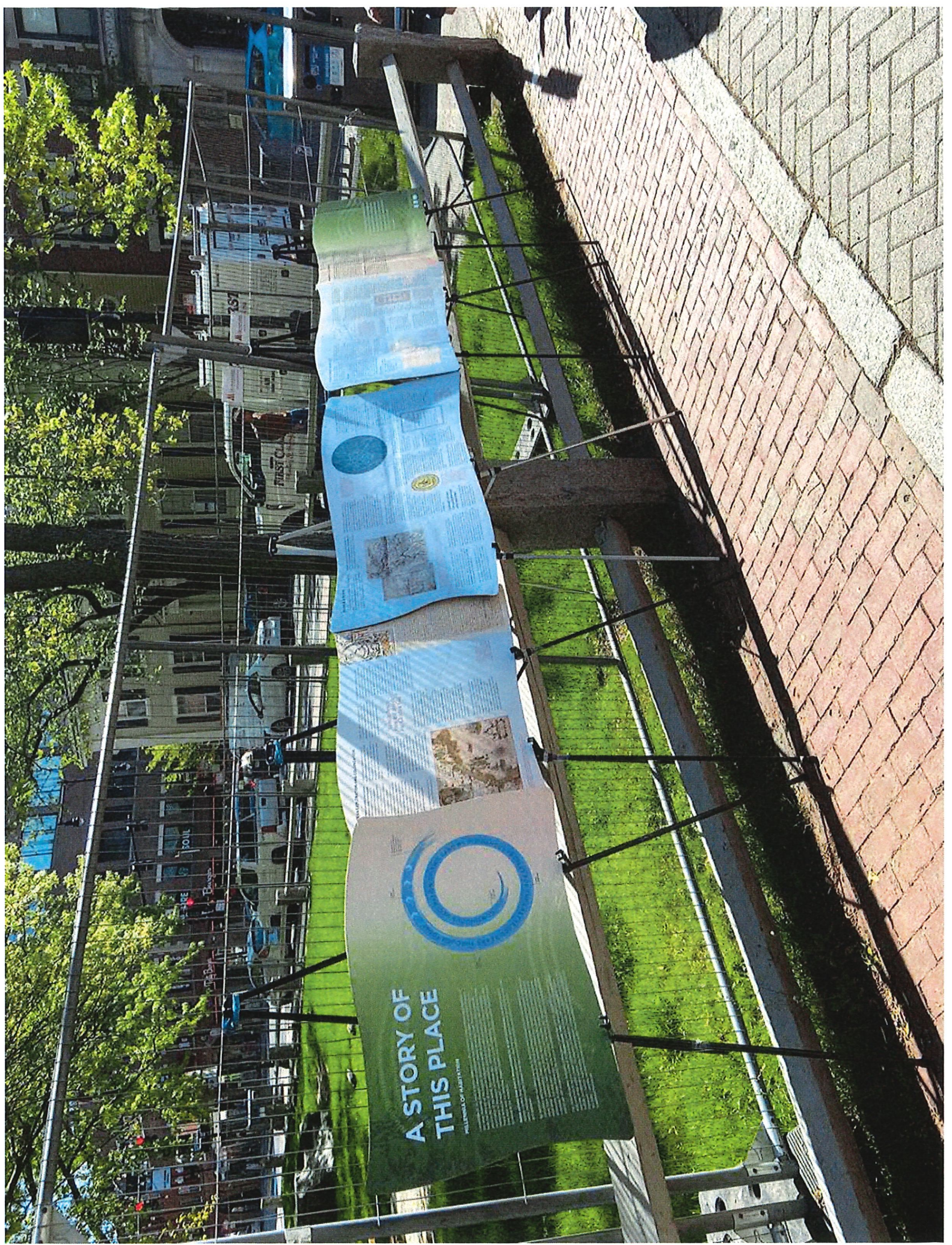




is don

LEFT LANE CLOSED AHEAD

1111 1111



A STORY OF THIS PLACE

MILLWORTH OF MARYLAND



...the history of the area...

...the history of the area...

