

CITY OF CAMBRIDGE
INSPECTIONAL SERVICES DEPARTMENT
831 Massachusetts Avenue
Cambridge, Ma 02139
617-349-6100

RECEIVED

JAN 10 2017

CAMBRIDGE HISTORICAL COMMISSION

Ranjit Singanayagam, Commissioner

DEMOLITION PERMIT APPLICATION

Project start date: 1/10/17 Project end date: _____

Permit No: _____ Fee: _____

Date: 1/10/17

Building location: 229 CONCORD AVE, CAMBRIDGE, MA

Description of proposed work: MOVING THE BUILDING 2.5' EAST, SO WE
COMPLY WITH THE SIDEYARD SETBACK. THE FOUNDATION WILL
NEED TO BE DEMOLISHED & REPAURED IN NEW LOCATION.

Property Owner: 227 CONCORD NOMINEE TRUST

Address: P.O. BOX 381092 CAMBRIDGE, MA 02238

Telephone Number: 617-306-1336 Email Address: Laurenharder@gmail.com

Contractor: _____

Address: _____

Telephone number: _____ Email Address: _____

Material of building: _____

Type of building construction (wood, concrete, steel, etc.): WOOD

How is building occupied: _____ No. of stories: 2

Number of residential units demolished: 0

Is a Street Occupany permit (DPW) necessary?: _____ Yes _____ No

Is a Sidewalk Obstruction permit required?: _____ Yes _____ No

Estimated cost of demolition (copy of contract must be attached): _____

A copy of the plot plan showing extent of demolition is required with the filing of this application.

READ BEFORE SIGNING: A 24 hour notice prior to commencement of any work shall be given to applicable agencies. The undersigned hereby certifies that he/she has read and examined this application and that the proposed work subject to the provision of the Massachusetts State Building Code and the other applicable laws and ordinaces is accurately represented in the statements made in this application and that the work shall be carried out in accordance with the foregoing statements and in compliance with the provisions of law and ordinance in force on the date of this applicaiton to the best of his/her ability.

Hold Harmless Clause:

The Permittee(s) by acceptance of this permit agree(s) to indemnify and hold harmless the City of Cambridge, and its employees from and against any and all claims, demands and actions for damages, and to assume the defense of the City of Cambridge, and its employees, against all such claims, demands and actions.

Read Before Signing:

The undersigned hereby certifies that he/she has read and examined this application and that the proposed work subjected to the provisions of Massachusetts State building Code and other applicable laws and ordinances is accurately represented in the statements made in this application and that the work shall be carried out in accordance with the foregoing statements and in compliance with the provisions of law and ordinance in force on the date of this application to the best of his/her ability.

Lauren Harder
Signature of Licensed Contractor

Lauren Harder
Signature of Owner

Lauren Harder
Print Name of Licensed Contractor

Lauren Harder
Print Name of owner

Po Box 381092
Contractor's Address

Po Box 381092
Owner's Address

Cambridge MA 02238
Contractor's City, State, ZipCode

Cambridge MA 0223
Owner's City, State, ZipCode

617 306 1336
Contractor's Telephone Number

617-306 1336
Owner's Telephone Number

License Number CS-108954

Class Const. Supervisor

Expiration Date: 2-8-19

City Cambridge