

CITY OF CAMBRIDGE MASSACHUSETTS BOARD OF ZONING APPEAL 831 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139 617 349-6100

BZA APPLICATION FORM

Plan No:

BZA-017119-2019

GENERAL INFORMATION

Special Permit :	variance: √ Appeal:
PETITIONER: Clover I	Food Lab - C/O Ashley Jimenez, Sign Design
PETITIONER'S ADDRESS :	496 Massachusetts Avenue Cambridge, MA 02139
LOCATION OF PROPERTY:	496 Massachusetts Ave Cambridge, MA 02139
TYPE OF OCCUPANCY:	ZONING DISTRICT: Business B Zone/CSQ
REASON FOR PETITION:	a)
DESCRIPTION OF PETITIONE	R'S PROPOSAL :
To install (1) double- only 7spft and has no	sided internally illuminated sign to existing façade. Sign is wording on it.
SECTIONS OF ZONING ORDIN	
Article 7.000	Section 7.16.22 (Signs).
	Original Signature(s): (Petitioner(s) / Owner) (Print Name)
	Address: DO LIDERTU STREET BYCULTON, NUP 02301
	Tel. No.:
Date:	2019 E-Mail Address: William Com

BZA APPLICATION FORM - OWNERSHIP INFORMATION

To be completed by OWNER, signed before a notary and returned to The Secretary of the Board of Zoning Appeals. State that I/We own the property located at which is the subject of this zoning application. The record title of this property is in the name of Central *Pursuant to a deed of duly recorded in the date 3/6/14 , Middlesex South County Registry of Deeds at Book 0/025 . Page . 6 Middlesex Registry District of Land Court, Certificate No. Book _____ Page _ AUTHORIZED TRUSTEE, OFFICER OR AGENT* *Written evidence of Agent's standing to represent petitioner may be requested. Michael P Simon personally appeared before me, The above-name of Mn1, 2019, and made oath that the above statement is true. MARY C. GREEN Spal). Notary Public My commission expires Commonwealth of Massacruser My Commission Expires February 5, 2021

• If ownership is not shown in recorded deed, e.g. if by court order, recent deed, or inheritance, please include documentation.

BZA APPLICATION FORM

SUPPORTING STATEMENT FOR A VARIANCE

EACH OF THE FOLLOWING REQUIREMENTS FOR A VARIANCE MUST BE ESTABLISHED AND SET FORTH IN COMPLETE DETAIL BY THE APPLICANT IN ACCORDANCE WITH MGL 40A, SECTION 10:

A) A Literal enforcement of the provisions of this Ordinance would involve a substantial hardship, financial or otherwise, to the petitioner or appellant for the following reasons:

Due to the size of the sign, we are requestiong an internally illuminated sign for visibility and advertisement. The sign is only 7sqft and has not wording on it thus why we would like an illuminated sign.

B) The hardship is owing to the following circumstances relating to the soil conditions, shape or topography of such land or structures and especially affecting such land or structures but not affecting generally the zoning district in which it is located for the following reasons:

The sign is not big and the illumination is not a of a "flashing" nature. The sign will have a diming function and is high off the ground to avoid pedestrian or traffic issues.

C) DESIRABLE RELIEF MAY BE GRANTED WITHOUT EITHER:

function.

Substantial detriment to the public good for the following reasons:
Sign is not big. Diming functions will be provided for the sign. Sign is high enough of building so it will not affect pedestrian walk way.

2) Relief may be granted without nullifying or substantially derogating from the intent or purpose of this Ordinance for the following reasons:
Small sign without wording and lighting is not bright and has diming

* If You have any questions as to whether you can establish all of the applicable legal requirements, you should consult with your own attorney.

BZA APPLICATION FORM

DIMENSIONAL INFORMATION

APPLICANT: Sign Design PRESENT USE/OCCUPANCY: Retail/Office

LOCATION: 496 Massachusetts Ave Cambridge, MA 02139 ZONE: Business B Zone/CSQ

PHONE:		REQUESTED USE/OCCUPANCY:		Retail/Office	
		EXISTING CONDITIONS	REQUESTED CONDITIONS	ORDINANCE REQUIREMENTS	1 .
TOTAL GROSS FLOOR ARI	EA:	na	na	na	(max.)
LOT AREA:		na	na	na	(min.)
RATIO OF GROSS FLOOR AREA TO LOT AREA: 2		na	na	na	(max.)
LOT AREA FOR EACH DW	ELLING UNIT:	na	na	na	(min.)
SIZE OF LOT:	WIDTH	na	na	na	(min.)
	DEPTH	na	na	na	•
SETBACKS IN FEET:	FRONT	na	na	na na	(min.)
	REAR	na	na	na	(min.)
	LEFT SIDE	na	na	na	(min.)
	RIGHT SIDE	na	na	na	(min.)
SIZE OF BLDG.:	HEIGHT	na	na	na	(max.)
	LENGTH	na	na	na	
	WIDTH	na	na	na	
RATIO OF USABLE OPEN SPACE TO LOT AREA:		na	na	na	(min.)
NO. OF DWELLING UNITS:		na	na	na	(max.)
NO. OF PARKING SPACES:		na	na	na	(min./max)
NO. OF LOADING AREAS:		na	na	na	· (min.)
DISTANCE TO NEAREST BLDG. ON SAME LOT:		na	na	na	(min.)

Describe where applicable, other occupancies on same lot, the size of adjacent buildings on same lot, and type of construction proposed, e.g.; wood frame, concrete, brick, steel, etc.

The sign is 32"W x 32"H= 7sqft. Store frontage is 205.5"W x 181.5625"H. Sign is 149.625" off ground which is approx. 12ft

- SEE CAMBRIDGE ZONING ORDINANCE ARTICLE 5.000, SECTION 5.30 (DISTRICT OF DIMENSIONAL REGULATIONS).
- TOTAL GROSS FLOOR AREA (INCLUDING BASEMENT 7'-0" IN HEIGHT AND ATTIC AREAS GREATER THAN 5')
 DIVIDED BY LOT AREA.
- OPEN SPACE SHALL NOT INCLUDE PARKING AREAS, WALKWAYS OR DRIVEWAYS AND SHALL HAVE A MINIMUM DIMENSION OF 15'.



CITY OF CAMBRIDGE MASSACHUSETTS BOARD OF ZONING APPEAL 831 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139 617 349-6100

2019 MAY 16 PM 2: 47

BZA APPLICATION FORM

OFFICE OF THE CITY CLERK CAMBRIDGE, MASSACHUSETTS Plan No: BZA-017119-2019

GENERAL INFORMATION

The undersigned hereby petitions the Board of Zoning Appeal for the following:

Special Permit :	Variance: Appeal:
PETITIONER: Clover H	Food Lab - C/O Ashley Jimenez, Sign Design
PETITIONER'S ADDRESS:	496 Massachusetts Avenue Cambridge, MA 02139
LOCATION OF PROPERTY:	496 Massachusetts Ave Cambridge, MA 02139
TYPE OF OCCUPANCY:	ZONING DISTRICT: Business B Zone/CSQ
REASON FOR PETITION:	·
DESCRIPTION OF PETITIONE	R'S PROPOSAL :
To install (1) double- only 7spft and has no	sided internally illuminated sign to existing façade. Sign is wording on it.
SECTIONS OF ZONING ORDIN	ANCE CITED:
Article 7.000	Section 7.16.22 (Signs).
	Original Signature(s): (Petitioner(s) / Owner) (Print Name)
<i>\$</i> 1	Address: DOUTO 1140301
	Tel. No.:
Date: MOV 10	2019 E-Mail Address: USTILLY MINERAL STORY



CAMBRIDGE HISTORICAL COMMISSION

831 Massachusetts Avenue, 2nd Floor, Cambridge, Massachusetts 02139

Telephone: 617 349 4683 TTY: 617 349 6112

E-mail: histcomm@cambridgema.gov URL: http://www.cambridgema.gov/Historic

Bruce A. Irving, *Chair*; Susannah Barton Tobin, *Vice Chair*; Charles M. Sullivan, *Executive Director* William G. Barry, Jr., Robert G. Crocker, Joseph V. Ferrara, Chandra Harrington, Jo M. Solet, *Members* Gavin W. Kleespies, Paula A. Paris, Kyle Sheffield, *Alternates*

Jurisdiction Advice

	<u>surfaceton ria vic</u>	<u></u>
To the Owner of Property at	496 Massachusett	s Avenue
The above-referenced property is s reason of the status referenced belo		e Cambridge Historical Commission (CHC) by
Avon Hill Neig Half Crown - N Harvard Square Mid Cambridge Designated Lar Property is bein	on Historic District Th. 40C, City Code §2.78.050) The horhood Conservation District Marsh Neighborhood Conservation District The Neighborhood Conservation District The Neighborhood Conservation admark The studied for designation: The conservation of Easement (as reconservation or Easement (as reconservation	District District District Arious City Council Orders) orded) efore subject to CHC review of any application ISD. (City Code, Ch. 2.78, Article II). See the oated. perty and the structure is less than fifty years d on the National Register of Historic Places; upon request.
The Board of Zoning Appeal advis Conservation District Commission		corical Commission or Neighborhood ore the Board.
If a line indicating possible jurisor Historical Commission to determ		needs to consult with the staff of the e required.
CHC staff initials <u>SLB</u>		DateMay 21, 2019
Received by Uploaded to Relationship to project BZA 01		DateMay 21, 2019
cc: Applicant Inspectional Services Com	missioner	

Demolition Delay Ordinance and Application Information

The Demolition Delay Ordinance (Chapter 2.78, Article II of the Cambridge Municipal Code) was adopted by the City Council in 1979 to afford public review of demolition permit applications for potentially significant buildings. When the Historical Commission determines that a building is significant and should be preserved, demolition will be delayed for up to six months so that solutions can be sought to preserve the building indefinitely. The Ordinance covers all buildings over 50 years old, city-wide. The Historical Commission archives provide dates of construction for all properties in the City.

Demolition is defined in the ordinance as "the act of pulling down, destroying, removing or razing a building or commencing the work of total or substantial destruction with the intent of completing the same." The Inspectional Services Commissioner has provided further guidelines to outline what actions require a demolition permit. In addition to complete demolition of a building, the following actions may require a demolition permit,

- removal of a roof,
- removal of one side of a building,
- gutting of a building's interior to the point where exterior features (windows, etc.) are impacted, and
- removal of more than 25% of a structure.

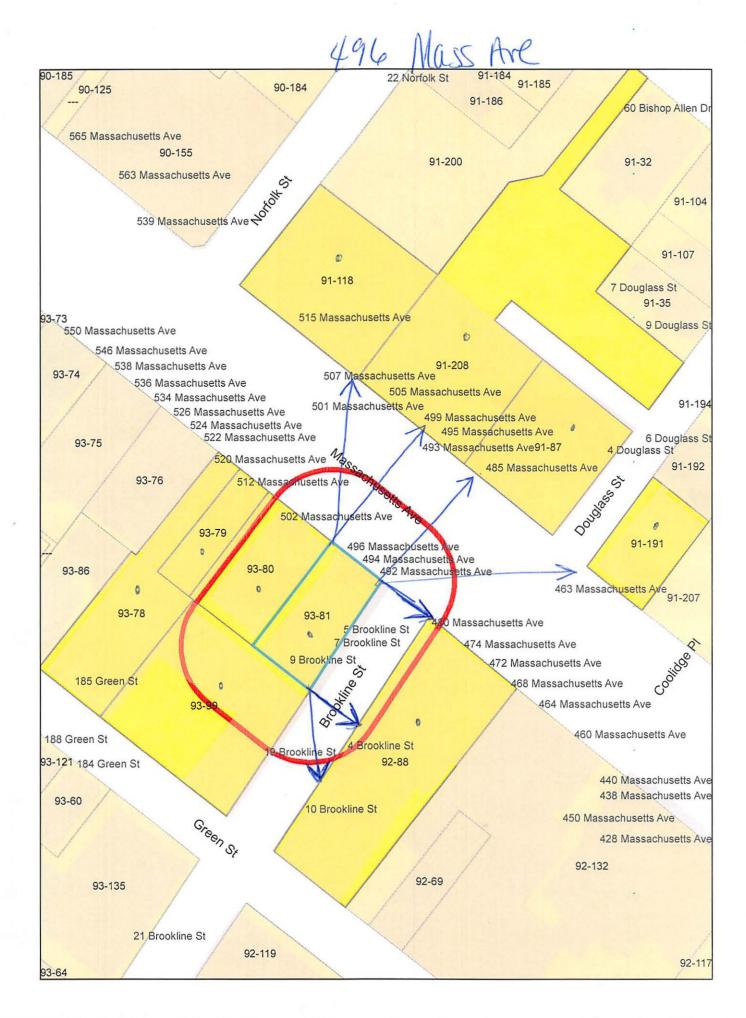
Please contact the building inspector or a staff member of the Historical Commission if you have questions about whether a demolition permit is required for a particular project.

Demolition permit applications can be obtained from the Inspectional Services Department. The completed application should be submitted to the Historical Commission, where the staff will review the application. If the Executive Director of the Historical Commission makes an initial determination that the building is significant, a public hearing will be scheduled with Historical Commission. If the staff makes an initial determination that the building is not significant, the application is released for further review by the Building Commissioner.

More information about the demolition permit application procedures is available on the Historical Commission's web site or by calling or dropping by the Historical Commission office.

July 2003

Cambridge Historical Commission 831 Massachusetts Ave., 2nd Fl. Cambridge, MA 02139 Ph: 617/349-4683 or TTY: 617/349-6112 http://www.cambridgema.gov/Historic



496 Mass Are

91-208 GREENSAIL, LLC C/O MINTZ LEVIN COHN FERRIS GLOVSKY ATTN: ALLAN CAGGIANO, ESQ ONE FINANCIAL CENTER BOSTON, MA 02111

91-191 MCDONALDS CORPORATION C/O CHIN VERN 77 PAULSON RD WABAN, MA 02168

93-79 512 MASS AVE PROPERTIES CORP. 907 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02139

91-118
PARTEEN, LLC
C/O MINTZ LEVIN, COHN, FERRIS, GLOVSKY
ONE FINANCIAL CTR
ATTN: ALLAN CAGGIANO, ESQ
BOSTON, MA 02111

91-87 JUSTMASS LLC, C/O LINCOLN PROPERTY CO. 53 STATE ST., 7TH FLOOR BOSTON, MA 02109

92-88
SATER REALTY LLC
ATTN: NABIL SATER
472 MASS AVE
CAMBRIDGE, MA 02138

93-80 502-510 MASS AVE, LLC, C/O ORIENTAL FURNITURE 68 MOULTON ST., 3RD FL CAMBRIDGE, MA 02138

93-80 SATYANARAYAN, BHARAT & NICOLE SATYANARAYAN 180 FRANKLIN ST CAMBRIDGE, MA 02139 SIGN DESIGN C/O ASHLEY JIMENEZ 170 LIBERTY STREET BROCKTON, MA 02301

93-78
BOYD, PATRICIA A. &
MATTHEW B. HARRINGTON TRS.
6 FORT SEWALL TERRACE
MARBLEHEAD, MA 01945

93-81-99 CENTRAL PROPERTY LIMITED PARTNERSHIP C/O RIVERSIDE MANAGEMENT P.O. BOX #440317 WEST SOMERVILLE, MA 02144

BZA APPLICATION FORM

GENERAL INFORMATION

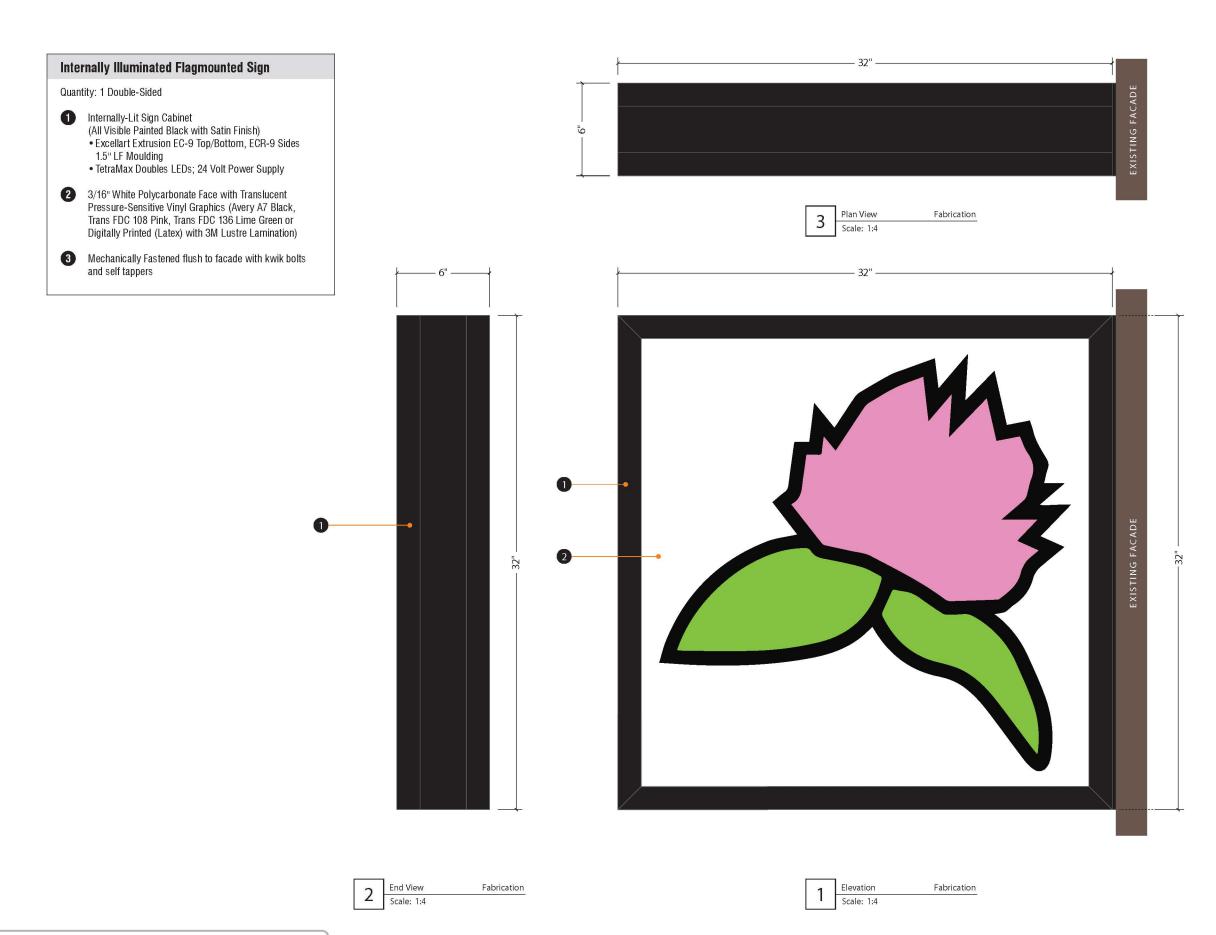
The undersigned hereby petitions the Board of Zoning Appeal for the following:
Special Permit: Variance:X Appeal:
PETITIONER: CLOVEN FOOD LAD PETITIONER'S ADDRESS: TOD MASS FIVE CAMBRIDGE, MA 02139 LOCATION OF PROPERTY: 400 MOSS FIVE COMBRIDGE, MA 02139 TYPE OF OCCUPANCY: MOSTAUNANT ZONING DISTRICT: BB CSQ
REASON FOR PETITION:
Additions
DESCRIPTION OF PETITIONER'S PROPOSAL: TO INSTALL (1) CLOUDL-SIDER INTERNALLY ILLUMINATE SIGN TO EXISTING FACACLE
Sections of zoning ordinance cited: Article Section Projecting Signs
Article Section
Applicants for a Applicants for a Applicants for an Appeal to the BZA of a Zoning determination by the Inspectional Services Department must attach a statement concerning the reasons for the appeal
Original Signature(s): (Petitioner(s)/Owner)
(Print Name) Address:
Tel. No.:
Date: 4/1/19

BZA APPLICATION FORM - OWNERSHIP INFORMATION

To be completed by OWNER, signed before a notary and returned to The Secretary of the Board of Zoning Appeals.

I/We	
Address: JOO MASS AVEN	ille Cambridge, MA
State that I/We own the property locat	ted at 496 MASS AVENUE,
which is the subject of this zoning ap	
The record title of this property is i	in the name of
*Pursuant to a deed of duly recorded i	in the date, Middlesex South
County Registry of Deeds at Book	
Middlesex Registry District of Land Co	ourt, Certificate No
	SIGNATURE BY LAND OWNER OR
	AUTHORIZED TRUSTEE, OFFICER OR AGENT*
*Written evidence of Agent's standing	to represent petitioner may be requested.
Commonwealth of Massachusetts, County	of
The above-name	personally appeared before me,
thisof, 20, and ma	ade oath that the above statement is true.
_	Notary
My commission expires	(Notary Seal).

• If ownership is not shown in recorded deed, e.g. if by court order, recent deed, or inheritance, please include documentation.



Version 06 04.08.19

Clover Food Lab

496 Massachusetts Ave



170 Liberty Street Brockton, MA 02301 508-580-0094

SALES REPRESENTATIVE

Tom Hannon

PROJECT MANAGER Ashley Jimenez

ACCOUNT COORDINATOR

Myles Devaney

DESIGNER

CW/DJB

SCALE 1:4

01 of 03

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This sign is intended to be installed in accordance with the requirements of Article 600 of the National Electrical Code and/or other applicable local codes. This includes proper grounding and bonding of the sign.





Version 06 04.08.19

Clover Food Lab

496 Massachusetts Ave



170 Liberty Street Brockton, MA 02301 508-580-0094

SALES REPRESENTATIVE Tom Hannon

PROJECT MANAGER Ashley Jimenez

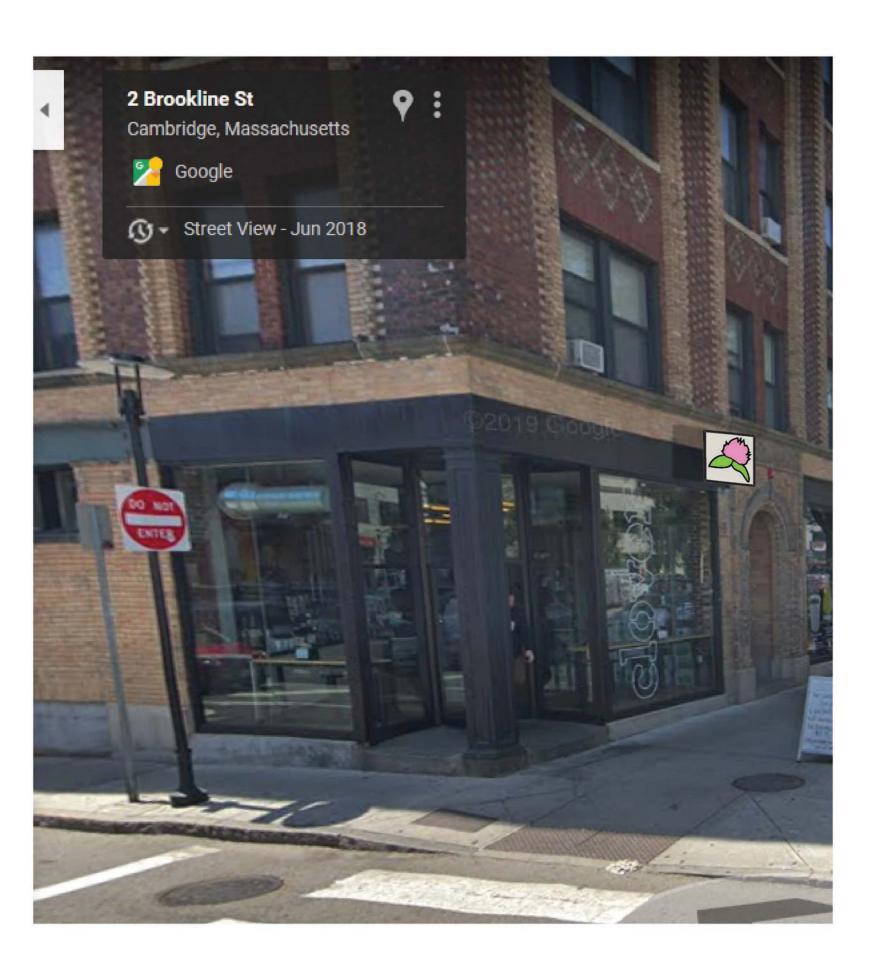
ACCOUNT COORDINATOR Myles Devaney

DESIGNER CW/DJB

SCALE 1:10

SHEET **02** of 03

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Version 06 04.08.19

Clover Food Lab

496 Massachusetts Ave



170 Liberty Street Brockton, MA 02301 508-580-0094

SALES REPRESENTATIVE Tom Hannon

PROJECT MANAGER Ashley Jimenez

ACCOUNT COORDINATOR Myles Devaney

DESIGNER CW/DJB

SCALE 1:10

SHEET **03** of 03

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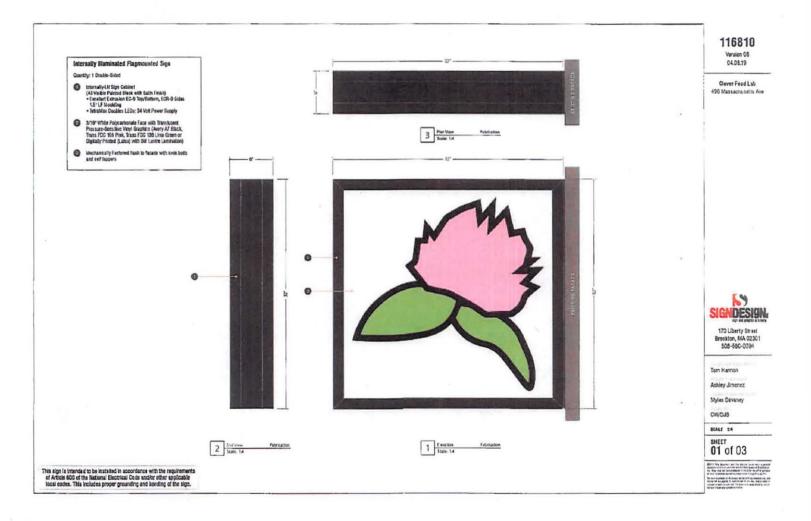
The colors printed on this page are strictly representational and should not be copied or reproduced in any way and/or used in connection with its project. Refer to color spec sheet for proper number and chand system selection.

SIGN CERTIFICATION FORM

Applicant (name and address) Telephone: Overlay District: Date Application Submitted: Sketch of Sign Enclosed: Yes PLEASE NOTE: All signs must receive a permit from the Inspectional Services Department (ISD) before installation. Community Development Department (CDD) action does NOT constitute issuance of a permit or certification that all other code requirements have been met. Do not contract for the fabrication of a sign until all permits have been issued including approval from the City Council, if necessary (see below)! ∨ City Clerk* CDD Applicant Copies: ISD Historical Com. *Any sign or portion of a sign extending more than six (6) inches into the public sidewalk, must receive approval from the Cambridge City Council; a bond must be posted with the City Clerk. Forms for that approval are obtained at the Office of the City Clerk. NOTE: PLEASE PROVIDE ALL REQUESTED INFORMATION FOR EACH SIGN PROPOSED. FAILURE TO DO SO WILL ONLY DELAY

CERTIFICATION.

Area in Square feet:
Height (from ground to the top of the sign):
outside (1 x a) 205.5, behind windows (0.5 x a) . Area of all existing signs on the store front to remain (including any freestanding sign): . Area of additional signs permitted:
Length in feet of building facade facing street: (a) . Area of signs allowed accessory to the building facade: outside (1 x a) . behind windows (0.5 x a) . Area of all existing signs on the building facade to remain (including any freestanding sign):
Area of additional signs permitted:
SUMMARY OF LIMITATIONS FOR PROJECTING SIGNS (see reverse side for more general summary of the sign regulations; review Article 7.000 of the Zoning Ordinance for all zoning requirements.) AREA: 13 square feet maximum. HEIGHT ABOVE THE GROUND: 20 feet but below the sills of second floor windows. ILLUMINATION: Natural or external only. NUMBER: one per store plus one per entry to the remainder of the building.
COMMUNITY DEVELOPMENT DEPARTMENT CERTIFICATION Sign conforms to requirements of Article 7.000: YES NO







116810 Version C5 04.08.19

Clover Food Lob 496 Massachusetts Ave



170 Liberty Street Brockton, MA 02301 508-580-0094

Ashley Jimenez

Myles Devanay

CW/DJB

SCALE 1:10 02 of 03

Bittle für seierte auf Perstägen haut ein zeitigelige erstellt plan der Gestägen haut ein zeitigelige zu Schaft seine der Sch



Version 05 04.08.19

Clover Food Lab 496 Massachusetts Ave



170 Liberty Street Brookton, MA 02301 508-580-0094

Tom Hannon

Ashley Jimenez

Myles Devaney

CW/DJ8

SHEET 03 of 03

MOTO NO TODAY HE HAS SIZED BOTH NO FORGOTO STORY HAS SIZED BOTH HOUSE HAS SIZED BOTH HAS SO BEEN ABOUT A STORY HOUSE HAS SIZED BOTH AND SIZED BOTH HAS SIZED BOTH AND AND SIZED BOTH HAS SIZED BOTH AND SIZED BOTH SIZED BOTH SIZED BOTH AND SIZED BOTH SI

NCCI Co. No. 11363

Workers Compensation And Employers Liability Insurance Policy Coverage Is Provided In:

The Ohio Casualty Insurance Company

Policy Number: XWO (19) 55 41 27 08 Prior Policy Number: XWO (18) 55 41 27 08 |

MA Risk ID

workers C	ompensai	ion and	
Employers	Liability	Insurance	Policy
Information	Page		

55412708	
8	

Agent Mailing Address & Phone No.

SIGN DESIGN INC 170 LIBERTY ST BROCKTON, MA 02301

ITEM 1: The Insured & Mailing Address

(508) 583-1106 ROGER KEITH & SONS INSURANCE AGENCY INC **1575 MAIN ST** BROCKTON, MA 02301-7195

Individual ____Partnership NAICS:339950 X Corporation or FEIN: 043027262 Other workplaces not shown above: The policy period is from ITEM 2 12/01/2018 to 12/01/2019 12:01 am Standard Timeat the insured'smailingaddress. ITEM 3 A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here: MA B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are: Bodily Injury by Accident \$1,000,000 each accident policy limit Bodily Injury by Disease \$1,000,000 Bodily Injury by Disease \$1,000,000 each employee C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: See Extension of Information Page D. This policy includes these endorsements and schedules: See Policy Forms and Endorsements Summary ITEM 4 The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit. **Estimated Classifications** Code **Premium Basis - Total** Rate per **Estimated Annual** \$100 of Annual No. Remuneration **Remuneration Premium** See Extension of Information Page(s) \$64,622.00 Total Estimated Annual Premium \$2,544.00 Total Surcharges and Assessments Minimum Premium \$575.00 MA Total Estimated Cost \$67,166.00

Countersigned by: _

Issue Date

12/03/18

To report a claim, call your Agent or 1-800-362-0000 WC 00 00 01 A (WC 30 10 E)

PCAOPPNO

Deposit Premium

\$67,166.00

If indicated below, interim adjustments of premiums shall be made.