



CAMBRIDGE HISTORICAL COMMISSION

RECEIVED

831 Massachusetts Avenue, 2nd Fl., Cambridge, Massachusetts 02139

Telephone: 617 349 4683 Fax: 617 349 3116 TTY: 617 349 6112

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

OCT 24 2016

CAMBRIDGE HISTORICAL COMMISSION

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).

Addition of one new window on the first floor of the north (driveway) side of building.

This proposed window will exactly match the type of window installed above it on the second floor, except it will be approximately 3" taller to match the height of the historic window next to it. The top and bottom of the proposed window will align with the top and bottom of the historic window. The proposed new window will be exactly aligned with the window above it.

Included in this application is a photographic "sketch" of what this new window will look like installed into the building. Also included is a product cut sheet.

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:

Mailing Address:

Telephone/Fax: E-mail:

Signature of Property Owner of Record: Pat Doolin for Linnaean Corp.
(Required field; application will not be considered complete without property owner's signature)

Name of proponent, if not record owner:

Mailing Address:

Telephone/Fax: E-mail:

(for office use only):

Date Application Received: 10/24/16 Case Number: 3707 Hearing Date: 12/1/16

Type of Certificate Issued: _____ Date Issued: _____

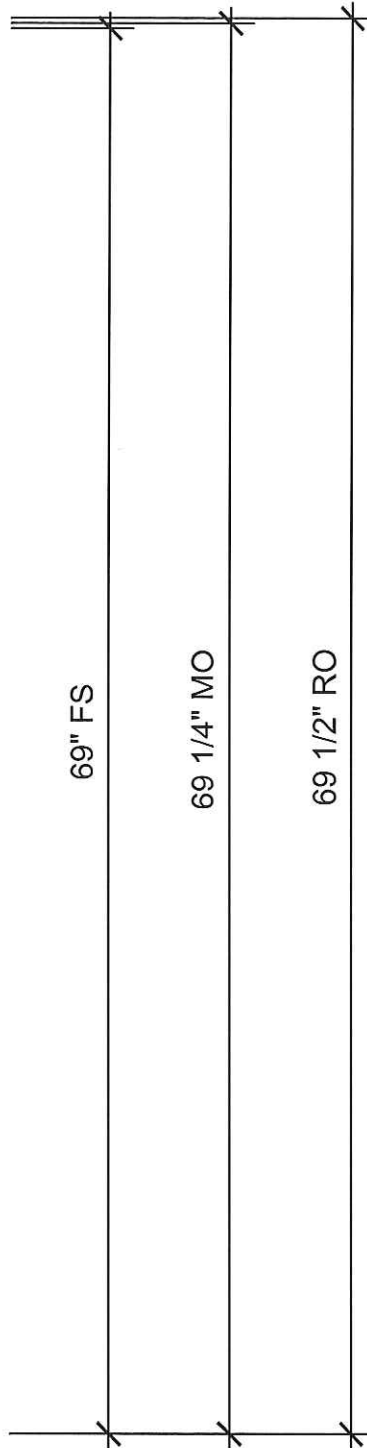
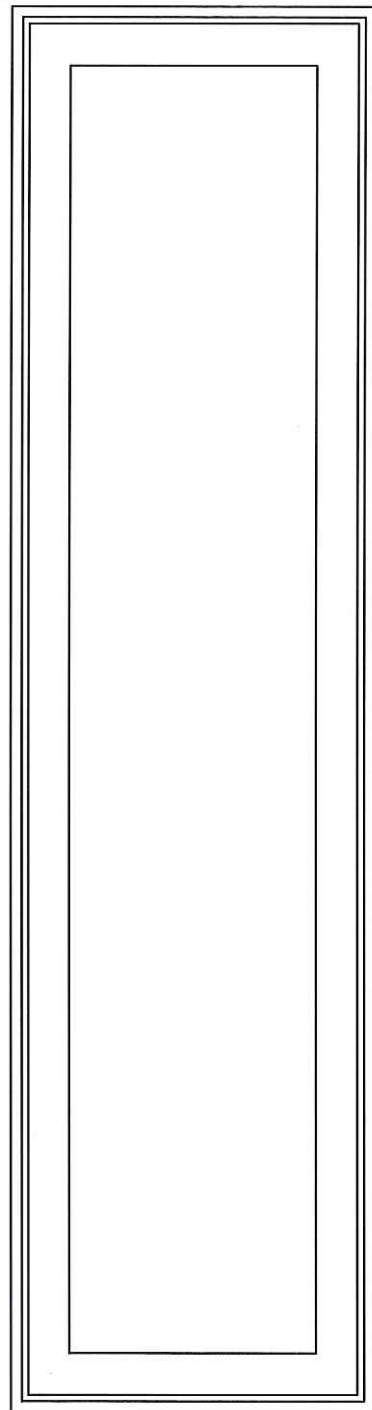
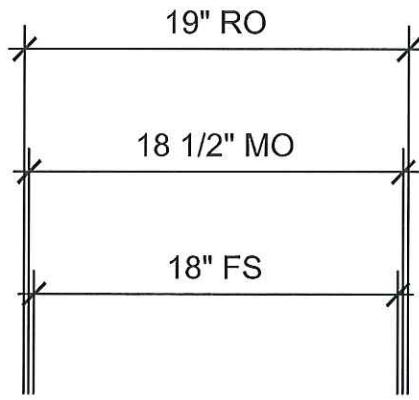


Existing Condition

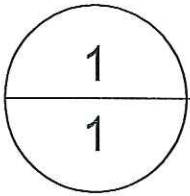
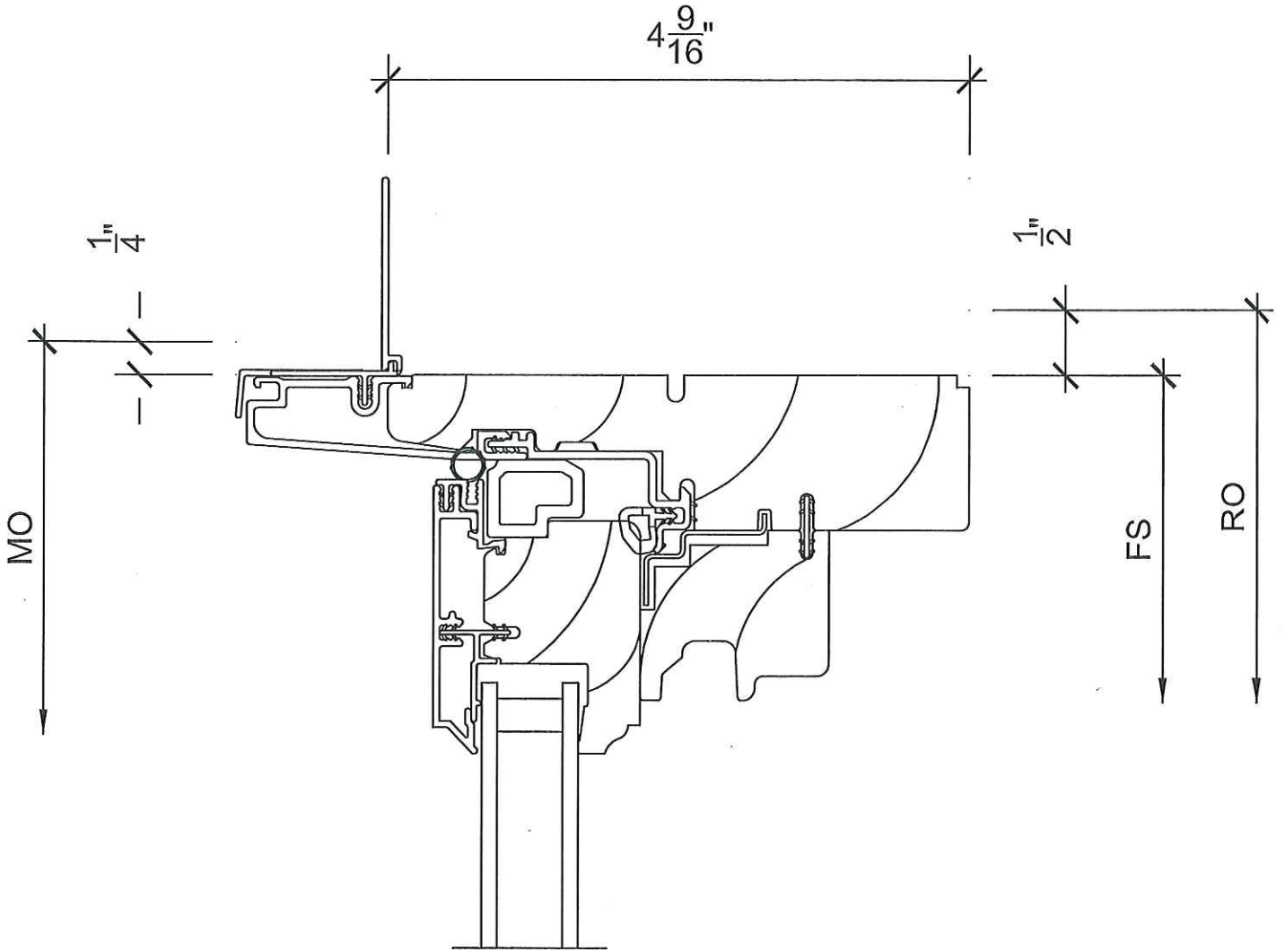


Proposed new window outlined in red.
The new window will be aligned across the
top and bottom with existing window,
and directly below the window above.

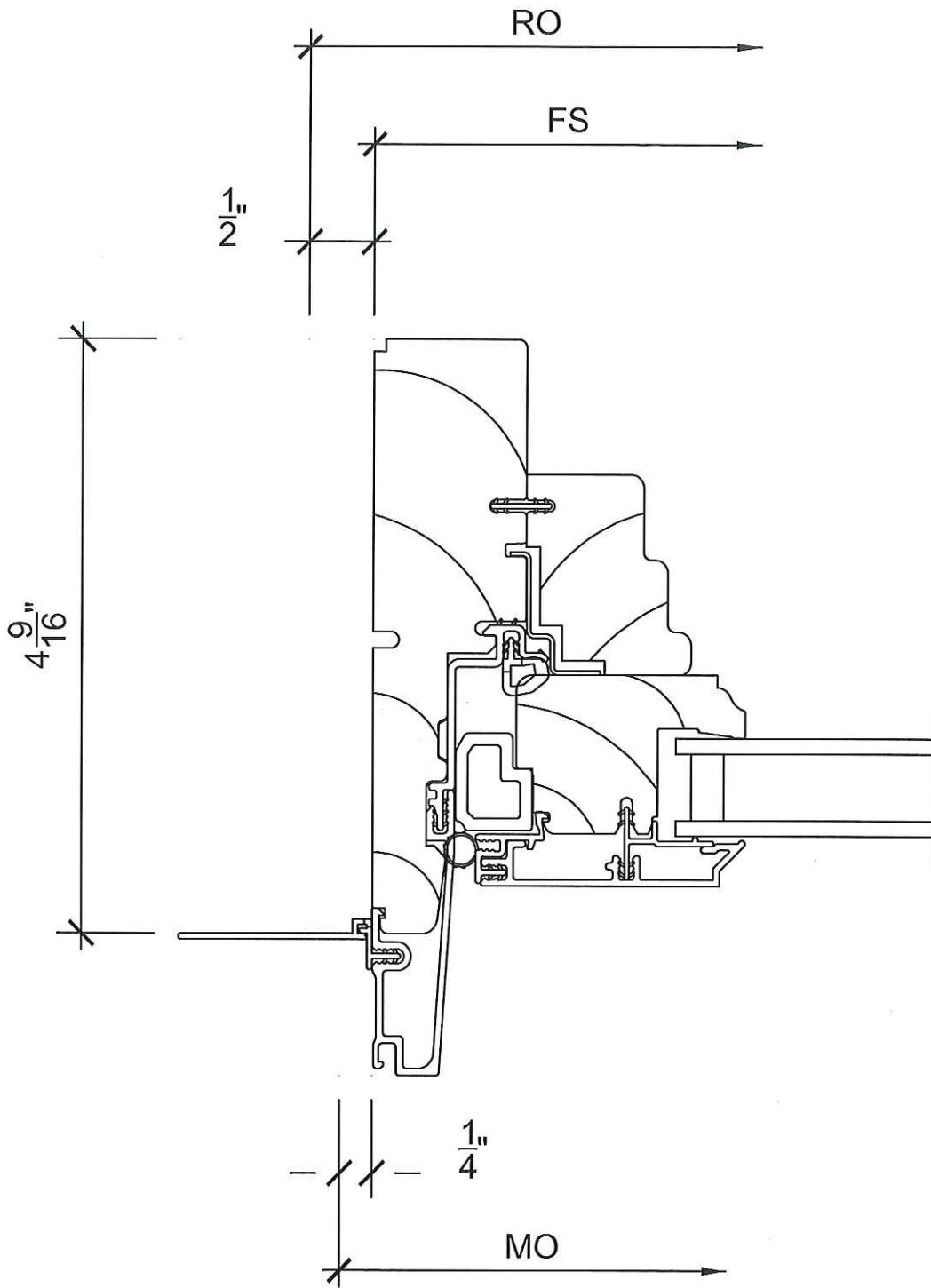
Proposed new window



IG

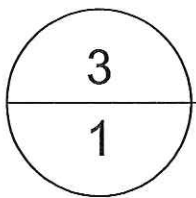
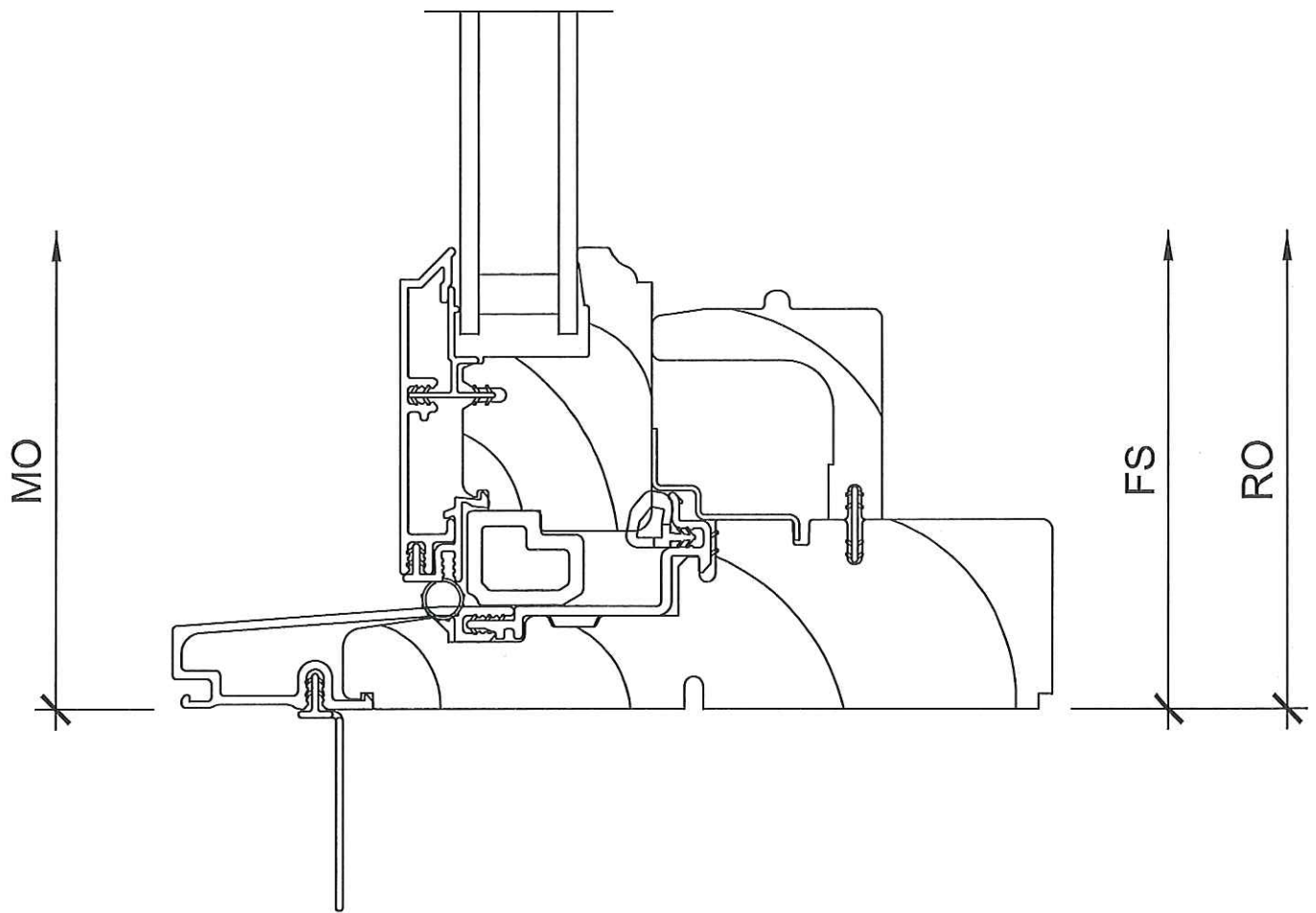


Head

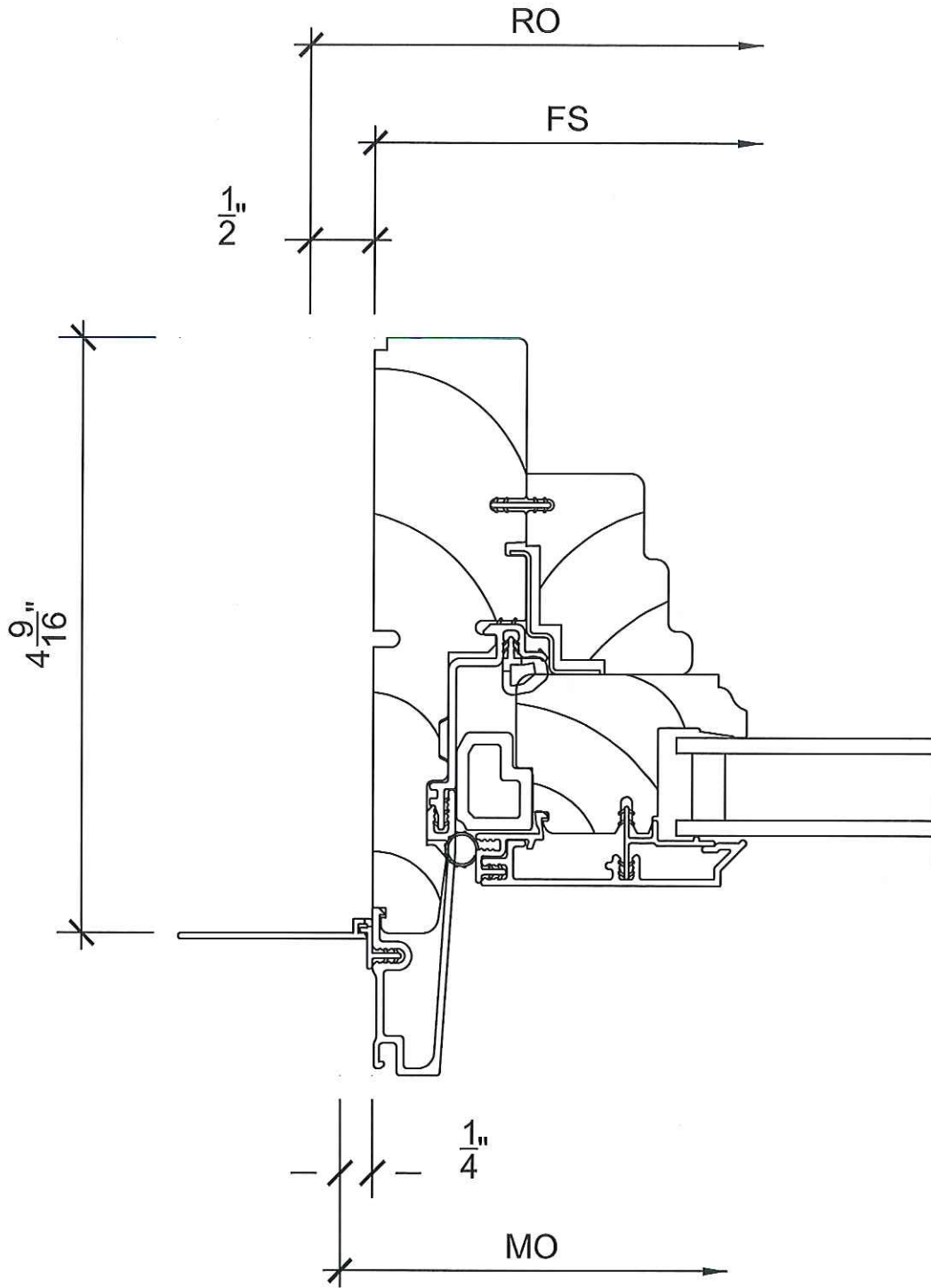


2
 1

Jamb

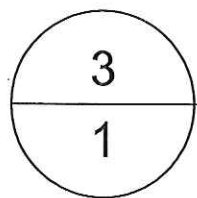
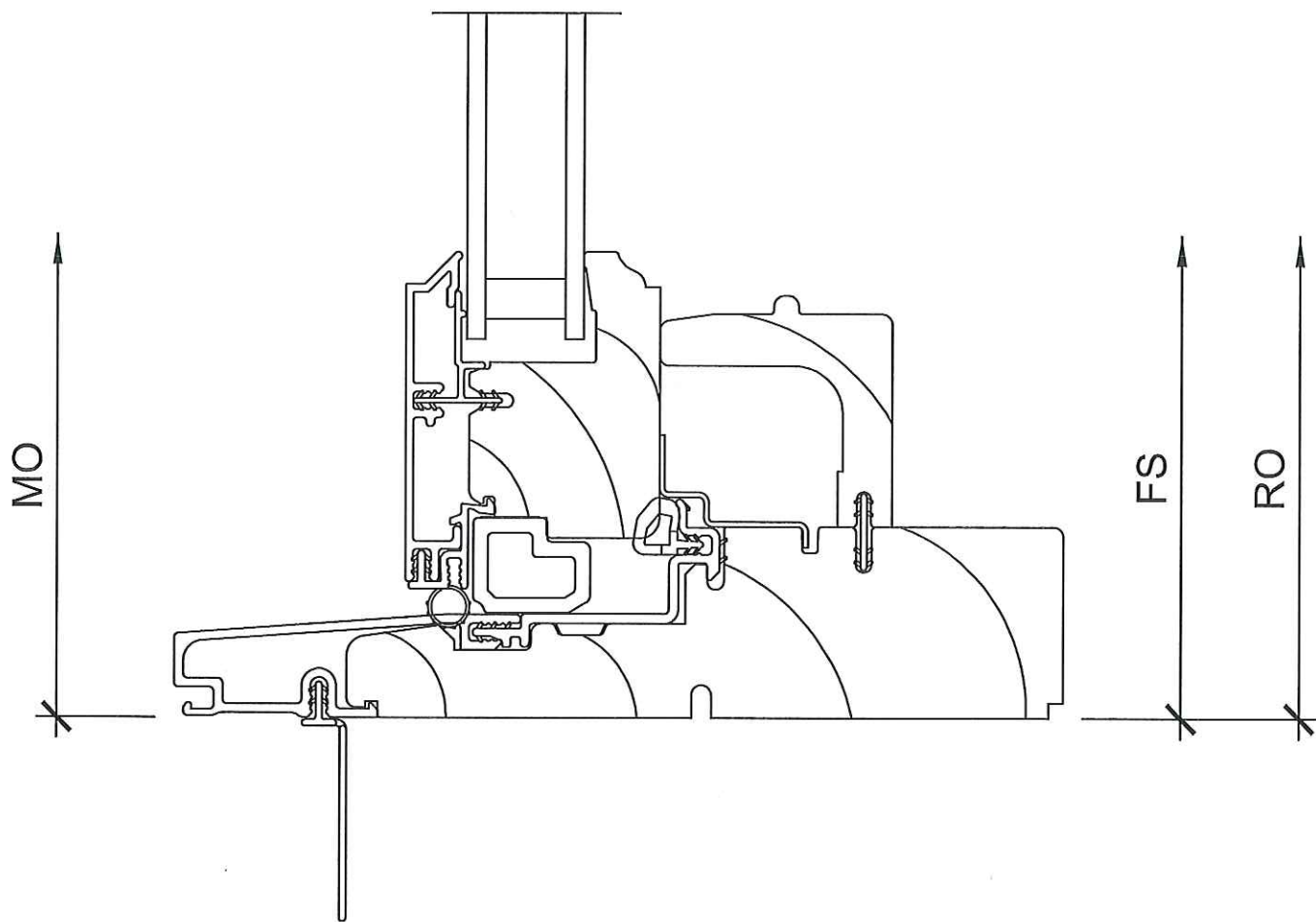


Sill



2
1

Jamb



Sill