



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: Brattle St, Cambridge, Massachusetts

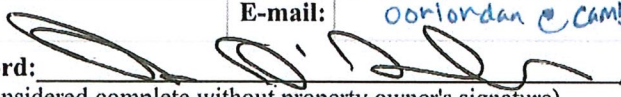
3. Describe the proposed alteration(s), construction or demolition in the space provided below: (An additional page can be attached, if necessary).

This project will install quick build separated bike lanes on Brattle St from Mason St to Craigie St within the existing roadway. Parking will be removed on the north side of the street.

Quick build bike lanes are installed by reallocating space within the existing right of way, without significant construction. Materials include pavement markings, signs, and flex posts. In this project, we will be introducing a new concrete barrier to improve the separation between vehicles and bicycles, and to decrease the number of flex posts required.

Small curb modifications are expected as a part of this work at Brattle St and Longfellow Park and Brattle St and Willard St. At both locations, the northside curb will be placed back approximately two feet from its existing locations. At Longfellow Park, ADA-compliant tactile strips will be added to the pedestrian ramp. (continued on attachment)

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: <u>City of Cambridge</u>	
Mailing Address: <u>795 Massachusetts Avenue, Cambridge, MA 02139</u>	
Telephone/Fax: <u>(617) 349-4300</u>	E-mail: <u>oorJordan@cambridgema.gov</u>
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: <u>City of Cambridge, Dept. of Traffic, Parking and Transportation</u>	
Mailing Address: <u>344 Broadway, Cambridge, Ma 02139 (Att: Brooke McKenna)</u>	
Telephone/Fax: <u>(617) 349-4723</u>	E-mail: <u>bmckenna@cambridgema.gov</u>

(for office use only):			
Date Application Received: _____	Case Number: <u>4836</u>	Hearing Date: <u>8/4/22</u>	
Type of Certificate Issued: _____	Date Issued: _____		