



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: 158 Thorndike, Cambridge, Massachusetts

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

1) Front Portion of House: Gable roof to be removed, rebuild and raised. Slope to remain the same as existing. New 15'-0" shed roof dormer additions.

2) Entire House: Various windows to be removed and new window openings created.

3) Rear Portion of House: Right side partial wall demoliton for new addition

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: Samuel Murphy

Mailing Address: 158 Thorndike St Cambridge MA

Telephone/Fax: 267-257-4772

E-mail: sammuelmurphy@yahoo.com

Signature of Property Owner of Record: Samuel L. Murphy

(Required field; application will not be considered complete without property owner's signature)

Name of proponent, if not record owner: Adam Glassman R.A.

Mailing Address: 2 Worthington Street Cambridge MA

Telephone/Fax: 617-412-8450

E-mail: ajglassman.ra@gmail.com

(for office use only):

Date Application Received: 2/9/21 Case Number: 4485 Hearing Date: 3/4/21

Type of Certificate Issued: _____ Date Issued: _____