



# CAMBRIDGE HISTORICAL COMMISSION

831 Massachusetts Avenue, 2<sup>nd</sup> Fl., Cambridge, Massachusetts 02139  
Telephone: 617 349 4683 TTY: 617 349 6112  
E-mail: histcomm@cambridgema.gov URL: www.cambridgema.gov/Historic

RECEIVED

MAY 11 2023

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).

We are requesting permission to remove an existing brick masonry chimney and replace it with a wood framed and brick veneered chimney built to match the location, orientation, appearance and dimensions of the current chimney. From historical photos of the house's move, the existing chimney appears to have been either added or re-built at the time of the homes move to its existing location in the 1960s, but it was ultimately sealed sometime in the 1970s and has been non-operable since. Assessments by both a mason and a separate chimney expert have determined that the chimney can not be reasonably made to operate again given its size and manner of sealing.

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:	<input type="text" value="Brattle Street LLC"/>
Mailing Address:	<input type="text" value="170 Brattle St, Cambridge, MA 02138"/>
Telephone/Fax:	<input type="text" value="617-970-8595"/>
E-mail:	<input type="text" value="otto@codahome.com"/>
Signature of Property Owner of Record:	<input type="text" value="OTTO"/>
(Required field; application will not be considered complete without property owner's signature)	
Name of proponent, if not record owner:	<input type="text" value="Otto Magdanz (member of record owner)"/>
Mailing Address:	<input type="text" value="35 Worcester Sq, Apt 1, Boston, MA 02118"/>
Telephone/Fax:	<input type="text"/>
E-mail:	<input type="text"/>

(for office use only):			
Date Application Received:	_____	Case Number:	<u>Amendment 4854</u>
Type of Certificate Issued:	_____	Hearing Date:	<u>6/1/23</u>
Date Issued:	_____		



PROJECT

Addition & Alterations to:

The  
MAGDANZ  
RESIDENCE

172 Brattle St.  
Cambridge, MA 02138

ISSUES / REVISIONS

Date	Description
23 MAY 23	RELEASE

NOT FOR CONSTRUCTION

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DRAWING TITLE

West Elevation

SCALE



DATE

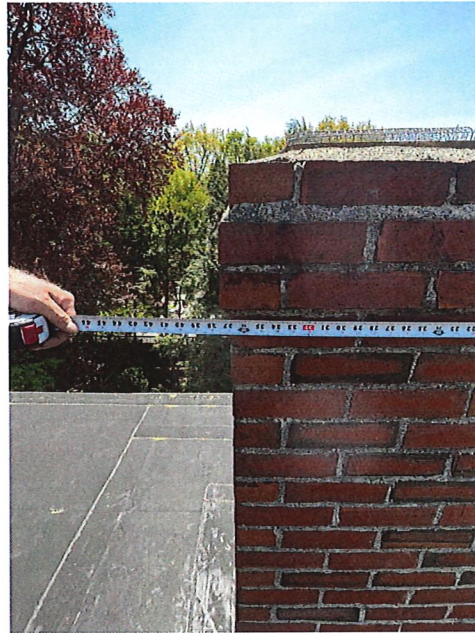
May 23, 2023

SHEET NUMBER

A-2.02



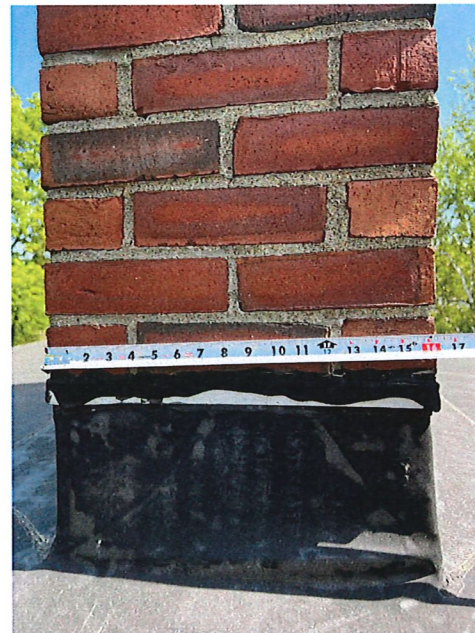
1 WEST ELEVATION  
SCALE: 1/4" = 1'-0"



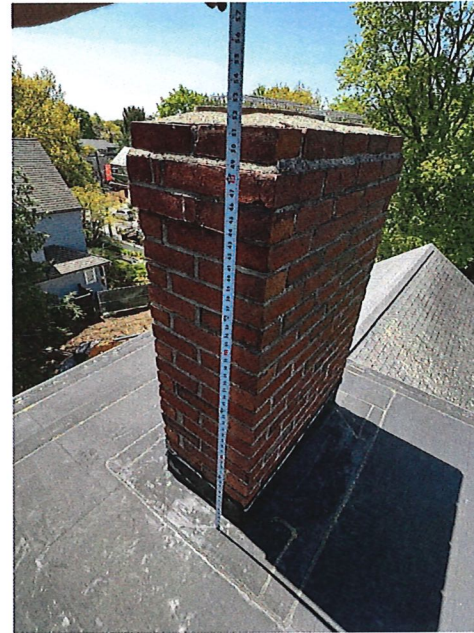
5 FRONT - VIEW 2



3 FRONT - VIEW 1



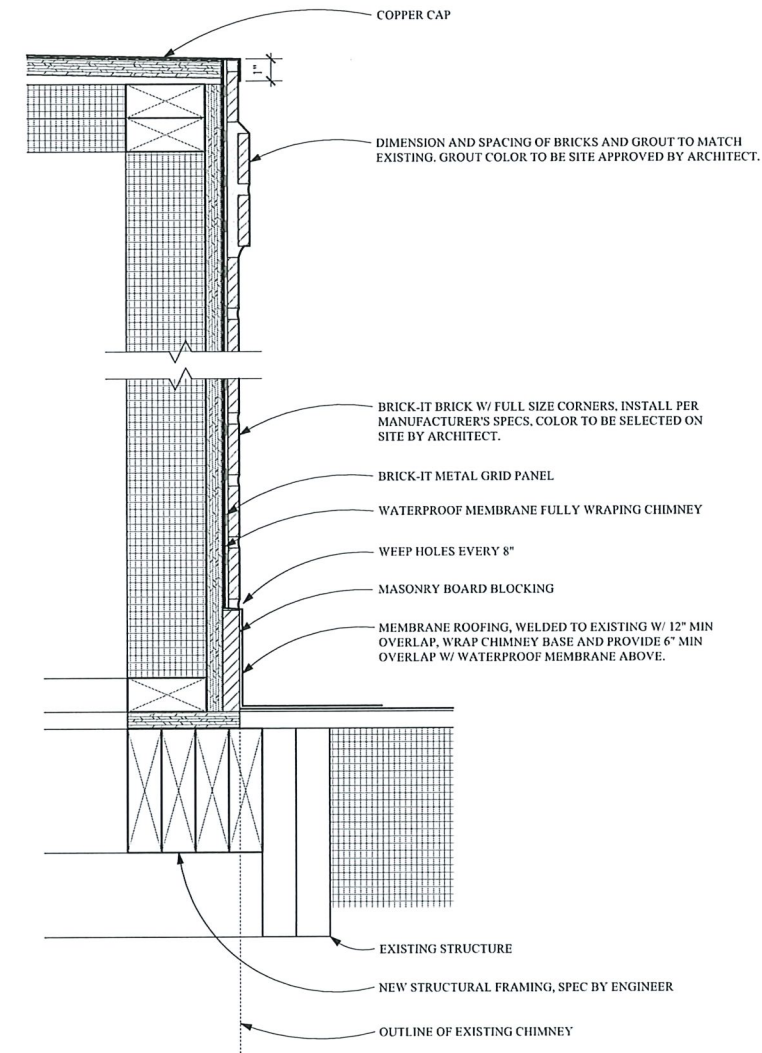
6 SIDE - VIEW 2



4 SIDE - VIEW 1



1 FRONT ELEVATION



2 CHIMNEY SECTION DETAIL  
SCALE: 3" = 1'-0"

PROJECT

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DRAWING TITLE  
New Chimney Details

SCALE  
0 1 2 4 8 FT 1/4" = 1'-0"

DATE  
May 23, 2023

SHEET NUMBER  
A-1.01