

PLANNING BOARD

CITY HALL ANNEX, 344 BROADWAY, CAMBRIDGE, MA 02139

CERTIFICATION OF RECEIPT OF PLANS BY CITY OF CAMBRIDGE TRAFFIC, PARKING & TRANSPORTATION

City Department/Office:	
Project Address:	
Applicant Name:	
For the purpose of fulfilling the requirements of Section 19.20 and/or 6.35.1 and/or 5.28.2 of the Cambridge Zoning Ordinance, this is to certify that this Department is in receipt of the application documents submitted to the Planning Board for approval of a Project Review Special Permit for the above referenced development project: (a) an application narrative, (b) small format application plans at 11" x 17" or the equivalent and (c) Certified Traffic Study. The Department understands that the receipt of these documents does not obligate it to take any action related thereto.) h€
Signature of City Department/Office Representative Date	!



PLANNING BOARD

CITY HALL ANNEX, 344 BROADWAY, CAMBRIDGE, MA 02139

CERTIFICATION OF RECEIPT OF PLANS BY CITY OF CAMBRIDGE DEPARTMENT OF PUBLIC WORKS

City Department/Office:	
Project Address:	
Applicant Name:	
For the purpose of fulfilling the requirements of Section 19.20 of the Cambridge Zoning Ordinance, this is to certify that this Department is in receipt of the application documents submitted to the Planning Board for approval of a Project Review Special Permit for the above referenced development project: (a) an application narrative and (b) small format application plans at 11" x 17" or the equivalent. The Department understands that the receipt of these documents does not obligate it to take any action related thereto.	
Signature of City Department/Office Representative Date	

PLANNING BOARD

CITY HALL ANNEX, 344 BROADWAY, CAMBRIDGE, MA 02139

CERTIFICATION OF RECEIPT OF PLANS BY CITY OF CAMBRIDGE TREE ARBORIST

City Department/Office:	
Project Address:	
Applicant Name:	
For the purpose of fulfilling the requirements of Section 4.26, 19.20 or 11.10 of the CZ Zoning Ordinance, this is to certify that this Department is in receipt of the application documents submitted to the Planning Board for approval of a MultiFamily, Project Resolventouse Special Permit for the above referenced development project: a Tree Stushall include (a) Tree Survey, (b) Tree Protection Plan and if applicable, (c) Mitigation twenty one days before the Special Permit application to Community Development.	n eview or dy which
Signature of City Department/Office Representative	Date

PLANNING BOARD

CITY HALL ANNEX, 344 BROADWAY, CAMBRIDGE, MA 02139

CERTIFICATION OF RECEIPT OF PLANS BY CITY OF CAMBRIDGE WATER DEPARTMENT

City Department/Office:	
Project Address:	
Applicant Name:	
For the purpose of fulfilling the requirements of Section 19.20 of the Cambridge Zoning Ordinance, this is to certify that this Department is in receipt of the application documents submitted to the Planning Board for approval of a Project Review Special Permit for the above referenced development project: (a) an application narrative and (b) small format application plans at 11" x 17" or the equivalent. The Department understands that the receipt of these documents does not obligate it to take any action related thereto.	
Signature of City Department/Office Representative Date	

PLANNING BOARD

CITY HALL ANNEX, 344 BROADWAY, CAMBRIDGE, MA 02139

CERTIFICATION OF RECEIPT OF PLANS BY CITY OF CAMBRIDGE GREEN BUILDING SPECIALIST

City Department/Office:	
Project Address:	
Applicant Name:	
For the purpose of fulfilling the requirements of Section 22.20 of the Cambridge Zoning Ordinance, this is to certify that this Department is in receipt of the application documen submitted to the Planning Board for approval of a Special Permit for the above reference development project: (a) an application narrative, (b) small format application plans at 1: 17" or the equivalent and (c) Green Building Report as noted in Section 22.25.1 for the appropriate Green Building Rating System. The Department understands that the receipt these documents does not obligate it to take any action related thereto.	d 1" x
Signature of City Department/Office Representative	Date