



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: , Cambridge, Massachusetts

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

Based on a conversation we had with Charles Sullivan, we would like to paint the exterior of the house at 6 Willard street.
The siding will be painted with Benjamin Moore 178 Golden Lab
The trims will be painted with Benjamin Moore OC-95 Navajo White
The Shutters & the front door will be painted with Benjamin Moore HC-187 Black Forest Green.

Thanks
Koby Kempel

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="Jeffrey Lee"/>	
Mailing Address: <input type="text" value="6 Willard st Cambridge MA"/>	
Telephone/Fax: <input type="text" value="6509062016"/>	E-mail: <input type="text" value="jeffdlee@gmail.com"/>
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: <input type="text" value="Koby Kempel"/>	
Mailing Address: <input type="text" value="292 Newbury St Boston MA"/>	
Telephone/Fax: <input type="text" value="6174703715"/>	E-mail: <input type="text" value="kobykempel@yahoo.com"/>

(for office use only):

Date Application Received: _____ Case Number: _____ Hearing Date: _____

Type of Certificate Issued: _____ Date Issued: _____