

CAMBRIDGE HISTORICAL COMMISSI
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 CAMBRIDGE HISTORICAL COMMISSION

RECEIVED 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 proper	ty: Mass Ave at	Waterhouse 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).				
	As part of the Particapatory Budget process two (2) new Portland Loo's were selected for installation across the City. One location with high demand is the Cambridge Common in the vicinity of the tot lot. The installation of this fixed amenity will remove the existing, blue, porta-potty along Waterhouse Street. The City will utilize existing asphalt pad locations. The existing asphalt pad will be removed and the concrete foundation poured for the Portland Loo structure. Utility excavations (water, sewer, electric, etc) will be required.  The attached color rendering shows the proposed location which was selected in conjunction with Charlie				
Sullivan based on utility connection feasibilty.  In addition to this hearing, the City will also host a pop up event at the proposed location as part of our Community Outreach.					posed location as part of our
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.					
	ne of Property Own				
Mailing Address: 147 Hampshire Street Cambridge, MA 02139					
Tel	ephone/Fax: 617-34	9-4800		E-mail: mmig	guel@cambridgema.gov
	nature of Property ( quired field; application			ithout property ov	wner's signature)
Nar	ne of proponent, if	not record owne	er:	to de la completation trasportation per the Administration perfects of the Security Security Security Security	
Mai	iling Address:				
Tel	ephone/Fax:			E-mail:	
(for	office use only):				
		ved:	Case Number	•	Hearing Date:
Date Application Received: Case Number: Hearing Date:  Type of Certificate Issued: Date Issued:					



