



Mid Cambridge Neighborhood Conservation District Commission

Cambridge Historical Commission, 831 Massachusetts Ave., 2nd Fl., Cambridge, MA 02139
Telephone: 617-349-4683 TTY: 617-349-6112 histncds@cambridgema.gov
www.cambridgema.gov/Historic/DistrictsHistoricProperties/MidCambridgeNCD

APPLICATION FOR CERTIFICATE

Section I:

1. The undersigned hereby applies to the Mid Cambridge Neighborhood Conservation District Commission for a Certificate of (check type of certificate): Appropriateness, Nonapplicability, or Hardship, in accordance with Ch. 2.78 of the Municipal Code and the order establishing the district.

2. Address of property: 14 Greenough Ave, Cambridge, Massachusetts

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

Remove existing wood shingles, clapboard, Dusk layer.
Downto sheathing, repair as needed. Install 1/2" zip Board
over sheathing. Install new Hardie Board 5" Exposure. New
window trim to mimick what is existing with 5/4 x 5 all weather
wood. New New England style nosing. All window sizes are
thesame. too over two FDL. Already approved from historical
No changes to soffits, eaves, front entrance all to remain as is.

Name of Property Owner of Record: <u>Maria Dalosta / Daniel Shikari</u>	
Mailing Address: <u>14 Greenough Ave</u>	
Telephone/Fax: <u>1 917 699 6599</u>	E-mail: <u>mc0725@gmail.com</u>
Signature of Property Owner of Record*: <u>[Signature]</u>	
<small>(Required field; application will not be considered complete without property owner's signature)</small>	
<small>*I have read the application in full and certify that the information contained herein is true and accurate to the best of my knowledge and belief.</small>	

Name of proponent, if not record owner: <u>Robert Tingle</u>	
Mailing Address: <u>6 Wellestey Road Arlington, MA 02474</u>	
Telephone/Fax: <u>617-590-9925 cell</u>	E-mail: <u>Roberttingle@verizon.net</u>

<small>(for office use only):</small>			
Date Application Received: _____	Case Number: _____	Hearing Date: _____	
Type of Certificate Issued: _____	Date Issued: _____		

Section II:

Is property listed on the National Register of Historic Places? NO Publicly owned? _____
Current Zoning District: C-1 Current Use: single family

Section III:

Will this project require: variance _____ special permit _____

If yes, nature of zoning relief sought: setbacks _____ FAR _____ use _____
height _____ parking _____ other (explain) _____

Section IV (Complete any portions that apply to proposed scope of work):

New Construction or Additions:

- _____ floor area of existing structures on the lot
- _____ amount of floor area (gross square feet) of proposed construction
- _____ percentage increase in total floor area after construction
- _____ total area of lot in square feet
- _____ percentage of total lot area covered after construction

Demolition:

- _____ amount of floor area (gross square feet) of proposed demolition
- _____ floor area of existing structure
- _____ percentage decrease in total floor area after demolition

Alterations:

Does the proposed work include (check all that apply):

- NO _____ enclosure or removal of decorative elements (including cornice, fascia, soffit, bay, porch, hood, cornerboard, window sash, or window or door casing);
- NO _____ increase or reduction of window or door size;
- NO _____ relocation of windows or doors;
- NO _____ change in slope, pitch, or configuration of roof;
- NO _____ removal of original or historic roofing material.















