



CAMBRIDGE HISTORICAL COMMISSION

831 Massachusetts Avenue, 2nd Fl., Cambridge, Massachusetts 02139
Telephone: 617 349 4683 Fax: 617 349 3116 TTY: 617 349 6112
E-mail: histcomm@cambridgema.gov URL: http://www.cambridgema.gov/Historic

William B. King, *Chair*, Bruce A. Irving, *Vice Chair*, Charles M. Sullivan, *Executive Director*
William G. Barry, Jr., M. Wyllis Bibbins, Robert G. Crocker, Chandra Harrington,
Jo M. Solet, *Members*; Shary Page Berg, Joseph V. Ferrara, Susannah Barton Tobin, *Alternates*

CERTIFICATE OF NONAPPLICABILITY

Property: 1430 Mass Ave (CVS)
Applicant: University Common R.E. Co.
Attention: Jason Parillo, Back Bay Sign

The Cambridge Historical Commission hereby certifies, pursuant to Chapter 2.78, Article III of the Code of the City of Cambridge and order establishing the **Harvard Square Conservation District**, that the work described below does not involve any activity requiring issuance of a Certificate of Appropriateness or Hardship:

Alter existing wall sign from "CVS/Pharmacy 24hrs" to "CVS 24hrs."

All improvements shall be carried out as shown on the plans and specifications submitted by the applicant, except as modified above. Approved plans and specifications are incorporated by reference into this certificate.

This certificate is granted upon the condition that the work authorized herein is commenced within six months after the date of issuance. If the work authorized by this certificate is not commenced within six months after the date of issuance or if such work is suspended in significant part for a period of one year after the time the work is commenced, such certificate shall expire and be of no further effect; provided that, for cause, one or more extensions of time for periods not exceeding six months each may be allowed in writing by the Chair.

Case Number: 3395 Date of Certificate: 3/17/2015

Attest: A true and correct copy of decision filed with the offices of the City Clerk and the Cambridge Historical Commission on 3/17/2015.

By Charles M. Sullivan/sh, Executive Director.

.....
Twenty days have elapsed since the filing of this decision.
No appeal has been filed _____ . Appeal has been filed _____ .

SIGN CERTIFICATION FORM

COMMUNITY DEVELOPMENT DEPARTMENT

Sign Text: CVS (24 Hrs)

Applicant (name and address) Back Bay Sign

65 Industrial Way Wilmington, MA 01877

Signature [Handwritten Signature]

Telephone: 617-230-4434 FAX: _____

Location of Premises: 1426 Mass Ave

Zoning District: BB Overlay District: HS20

Date Application Submitted: 2/23/15

Sketch of Sign Enclosed: Yes No

PLEASE NOTE: All signs must receive a permit from the Inspectional Services Department (ISD) before installation. Community Development Department (CDD) action does NOT constitute issuance of a permit or certification that all other code requirements have been met. Do not contract for the fabrication of a sign until all permits have been issued including approval from the City Council, if necessary (see below).

Copies: ISD City Clerk* CDD Applicant Historical Com.

*Any sign or portion of a sign extending more than **six (6) inches** into the public sidewalk, must receive approval from the Cambridge City Council; a bond must be posted with the City Clerk. Forms for that approval are obtained at the Office of the City Clerk.

NOTE: PLEASE PROVIDE ALL REQUESTED INFORMATION FOR EACH SIGN PROPOSED. FAILURE TO DO SO WILL ONLY DELAY CERTIFICATION.

REMOVE "CVS/Pharmacy" replace with "CVS □"

Proposed WALL Sign

Area in Square feet: 9.35 Dimensions: 18" x 6'-2 3/16"

Illumination: Natural Internal External

Height (from ground to the top of the sign): 12'

1. COMPLETE WHEN SIGN IS ACCESSORY TO A FIRST FLOOR STORE

Length in feet of store front facing street: (a) 41'. Area of signs allowed accessory to store: outside (1 x a) _____, behind windows (0.5 x a) _____. Area of all existing signs on the store front to remain (including any freestanding sign): _____. Area of additional signs permitted: _____.

2. COMPLETE FOR ANY OTHER SIGN

Length in feet of building facade facing street: (a) _____. Area of signs allowed accessory to the building facade: outside (1 x a) _____, behind windows (0.5 x a) _____. Area of all existing signs on the building facade to remain (including any freestanding sign): _____. Area of additional signs permitted: _____.

SUMMARY OF LIMITATIONS FOR WALL SIGNS (see reverse side for more general summary of the sign regulations; review Article 7.000 of the Zoning Ordinance for all zoning requirements.)

AREA: 60 square feet maximum. HEIGHT ABOVE THE GROUND: 20 feet but below the sills of second floor windows. ILLUMINATION: Natural or external, or internal illumination with significant limitations. NUMBER: No limit.

COMMUNITY DEVELOPMENT DEPARTMENT CERTIFICATION

Sign conforms to requirements of Article 7.000: YES NO

Sign requires a variance from the Board of Zoning Appeal: YES

Relevant sections: _____

COMMENTS: _____

Date: 2/23/15 CDD Representative Edm Padu

2/23/15



Existing Signage - Elevation

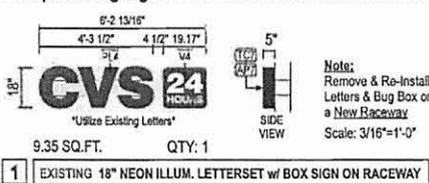
Existing Sign #1 18" Main ID Letterset w/Bug Box Sign Illuminated	S/F <input type="checkbox"/> D/F <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Existing Sign #2 Window Box Sign Illuminated	S/F <input type="checkbox"/> D/F <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>



Proposed Signage - Elevation

Proposed Signage

Not To Scale Unless Noted



Drawing prepared by: **ICON**

RECOMMENDATION

Location: 1426 Massachusetts Avenue
Cambridge, MA 02138

File Path: ...ACCOUNTS\CVS pharmacy\Locations 2015\Project 751240 Cambridge MA

Proj #: 751
Loc #: 240

Drawing prepared for:

**CVS
pharmacy**

Rev #:	Req#:	Date:	Req. By:	Drawn By:	Revision Description:	Drawings are the exclusive property of ICON. Any unauthorized use or duplication is not permitted.
Rev 1	000000	00/00/00	XXX	XXX	Notes	Rev #: Req#: Date: Req. By: Drawn By:
Rev 2	000000	00/00/00	XXX	XXX		XXX XXX
Rev 3	000000	00/00/00	XXX	XXX		XXX XXX
Rev 4	000000	00/00/00	XXX	XXX		XXX XXX
Rev 5	000000	00/00/00	XXX	XXX		XXX XXX
Rev 6	000000	100/00/00	XXX	XXX		XXX XXX



OFFICE OF THE CITY CLERK

CITY OF CAMBRIDGE

(617) 349-4260

FAX: (617) 349-4269

tty/TDD (617) 492-0235

2015 APR 9 AM 10 54

OFFICE OF THE CITY CLERK
CAMBRIDGE, MASSACHUSETTS

DONNA P. LOPEZ
CITY CLERK

ABUTTERS FORM FOR SIGN/AWNING PERMIT

To Whom It May Concern:

Date 4/6/2015

As Owner of Agent of Kirche, LLC 10 Church St Cambridge,

Massachusetts, I do hereby declare my disapproval approval of the
installment of: No opinion.

Canopy over the sidewalk entrance: _____

Awnings over the windows: _____

Projecting sign: CVS/^{open}unfilled midheight Wall Sign

of said property.

Signed: by: Kirche, LLC Andrew P. Pragne, Manager Date 4/6/15

Address: c/o Pragne + Co, 15 Walnut St, Wellesley, MA

ABUTTERS:

PLEASE COMPLETE FORM WHETHER OR NOT YOU APPROVE OF THE REQUESTED SIGN/AWNING AND RETURN IT TO THE APPLICANT WITHIN SEVEN (7) DAYS FOR INCLUSION IN THE APPLICATION.

SIGN/AWNING APPLICANT:

PLEASE FILL IN DATE THAT FORM WAS DELIVERED TO ABUTTER (TOP RIGHT OF THIS FORM)



OFFICE OF THE CITY CLERK

2015 APR 14 AM 10 16

CITY OF CAMBRIDGE
617 442 4000
FAX 617 442 4964
E-MAIL: INFO@CITY.CA.MA.US

OFFICE OF THE CITY CLERK
CAMBRIDGE, MASSACHUSETTS

DONNA FLOPEZ
CITY CLERK

ABETTERS FORM FOR SIGN/AWNING PERMIT

Form No. 15 (Rev. 12/15/14)

Date: 3/27/15

Name of Applicant: 144 Mass Ave

City/Town:

Address (Street, City/Town, State, Zip):

Phone:



City/Town:

Project Description:

Example: new 10' x 10' sign

Example: new awning

Project Description: CVS/open until midnight wall sign

Project No.:

Signature: Paul T. [Signature]

Date: 3/27/15

Address: one Brattle Square Cambridge MA 02138

ABETTERS:

PLEASE COMPLETE FORM WITHHURORNOI YOU APPROVE OF THE REQUESTED SIGN/AWNING AND RETURN IT TO THE APPLICANT WITHIN SEVEN (7) DAYS FOR INCLUSION IN THE APPLICATION.

SIGN/AWNING APPLICANT:

PLEASE INDICATE THAT FORM WAS DELIVERED TO ABETTER (TOP RIGHT OF THIS FORM)

Shipment Receipt: Page #1 of 1

THIS IS NOT A SHIPPING LABEL. PLEASE SAVE FOR YOUR RECORDS.

SHIP DATE:
Thur, Mar 12, 2015

EXPECTED DELIVERY DATE:
FRI, MAR 13, 2015 10:30 AM

SHIPMENT INFORMATION:
UPS Next Day Air Com
0 lbs 2.1 oz actual wt
LTR Billed Weight
Carrier Letter
Adult Sig Req (w/Delv Confir)

SHIP FROM:
BACK BAY SIGN
65 INDUSTRIAL WAY
Wilmington MA 01887
(617) 230-4434

Tracking Number: 1Z628U120700070770
Shipment ID: MN3B39E3B15H1
Ship Ref 1: - -
Ship Ref 2: JB

SHIP TO:
THE COMPANY OF MASSACHUSETTS LLC
C/O BRADSHAW AND COMPANY
15 WALNUT ST
STE 150
MELLESLET MA 02461-2133
Business

DESCRIPTION OF GOODS:
APPARELS

SHIPPED THROUGH:
THE UPS STORE #0448
MEDFORD, MA 02155-4605
(781) 396-2550

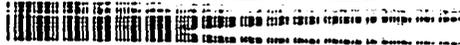
SHIPMENT CHARGES:

Next Day Air Com	\$22.85
Service Options	\$6.10
Fuel Surcharge	\$8.80
CMS Processing Fee	\$0.20

Total \$29.95

COMPLETE ONLINE TRACKING: Enter this address in your web browser to track:
<http://shipups.com> (select Tracking, enter Shipment ID #) SHIPMENT
QUESTIONS? Contact SHIPPED THROUGH above.

Shipment ID: MN3B39E3B15H1



Powered by iShip(r)
03/12/2015 09:59 AM Pacific Time N

The UPS Store

SENT TO OWNER
OR PARCEL 169-100



United States

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1Z628V12A206970279

Updated: 04/14/2015 8:22 A.M. Eastern Time

Delivered

Delivered On:

Friday, 03/13/2015 at 10:25 A.M.

Left At:

Office

Special Instructions:

Adult Signature Required

Signed By:

BRAUN

[Proof of Delivery](#)

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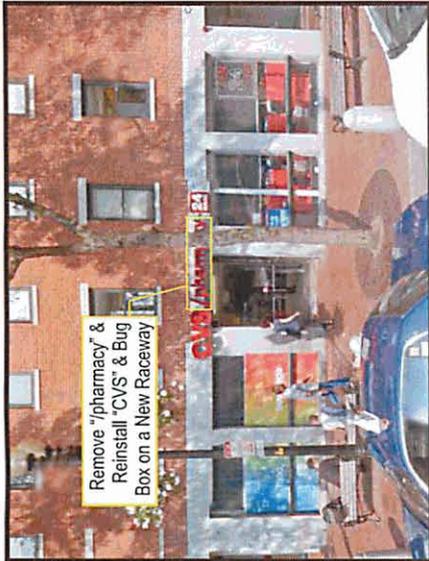
UPS Live Chat

Launch Chat

Shipping Information

Shipped By

UPS Next Day Air®



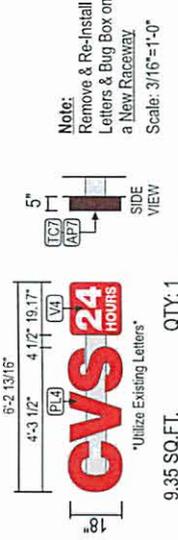
Existing Signage - Elevation

Existing Sign #1 18" Main ID Letterset w/Bug Box Sign Illuminated	S/F <input type="checkbox"/> D/F <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Existing Sign #2 Window Box Sign Illuminated	S/F <input type="checkbox"/> D/F <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>



Proposed Signage - Elevation

Proposed Signage



Not To Scale Unless Noted



Rev #	Reqt #	Date	Req. By	Drawn By	Revision Description	Drawings are the exclusive property of ICON. Any unauthorized use or duplication is not permitted.				
Original	204055	02/10/15	AM	JGB	Notes	Rev #	Reqt #	Date	Req. By	Drawn By
Rev 1	000000	00/00/00	XXX	XXX		Rev 7	000000	00/00/00	XXX	XXX
Rev 2	000000	00/00/00	XXX	XXX		Rev 8	000000	00/00/00	XXX	XXX
Rev 3	000000	00/00/00	XXX	XXX		Rev 9	000000	00/00/00	XXX	XXX
Rev 4	000000	00/00/00	XXX	XXX		Rev 10	000000	00/00/00	XXX	XXX
Rev 5	000000	00/00/00	XXX	XXX						
Rev 6	000000	00/00/00	XXX	XXX						

Drawing prepared for:



Location: 1426 Massachusetts Avenue
Cambridge, MA 02138
Proj #: 751
Loc #: 240

Drawing prepared by:

