



City of Cambridge

Calendar #2

IN CITY COUNCIL

December 16, 1996

ORDERED: That the Commissioner of Public Works be authorized to construct curb cuts over sidewalks in front of estates upon the streets as hereinafter named, the expense thereof to be charged to the appropriation for Public Works Department, Paving (Edgestones and Sidewalks). The entire cost of material and labor furnished to be repaid to the City by the owners of abutting estates.

Deborah Ciolfi, 23 White Street
President, Gravestar, Inc.
General Partner of Porter Square

In City Council December 16, 1996
Adopted by the affirmative vote of nine members.
Attest:- D. Margaret Drury, City Clerk.

A true copy;

ATTEST:-

A handwritten signature in black ink, reading "D. Margaret Drury". The signature is written in a cursive style and is positioned above a rectangular stamp.

D. Margaret Drury
City Clerk

FD/S/R
R/A

City of Cambridge

MASSACHUSETTS

In City Council 12/16/96, 199

MS

CR #2

	YEA	NAY	ABSENT	PRESENT
V.M. Kathleen L. Born	✓			
Ms. Henrietta Davis	✓			
Mr. Francis H. Duehay	✓			
Mr. Anthony Galluccio	✓			
Mr. Kenneth E. Reeves	✓			
Mr. Michael A. Sullivan	✓			
Mr. Timothy J. Toomey, Jr.	✓			
Ms. Katherine Triantafillou	✓			
Mayor Sheila T. Russell	✓			

9 0 0

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96 NOV 21 PM 3:23

CAMBRIDGE MA.

#19961101

APPLICATION FOR DRIVEWAY CUTS AND OPENINGS

CITY OF CAMBRIDGE

INSPECTIONAL SERVICES
96 NOV 7 PM 3 09



INSTRUCTIONS:

In order to obtain permission for a driveway cut or opening you must first get approval from the Department of Inspectional Services on the zoning requirements for off-street parking, including the cooperation of your immediate abutters.

To receive a review from Inspectional Services you must fill out Part I of the application. Be sure to draw your plot plan on Drawing 1, choosing the lot that represents your lot's position, i.e. corner or interior. You must also include a sketch of the proposed driveway, including dimensions, on Drawing 2. You may then calculate the cost of the driveway by using the formula based on your choice of surfaces. You must also include a signed abutter sheet for each of your abutters: back yard, one on either side and the abutter directly across the street.

Once you have gathered this information on the application, it should be submitted to:

**Zoning Officer
Inspectional Services
831 Massachusetts Avenue
Cambridge, MA 02139**

If the application is approved by Inspectional Services, it will then be sent on to Traffic and Parking, the Historical Commission and the Department of Public Works. If approved by Public Works, the application and backup will be sent to the City Council for their approval. Once the City Council approves, the driveway curb cut can be installed. However, the full cost of the cut must be paid to Public Works before the work will start.

If, however, Inspectional Services denies your application you may then appeal to the Zoning Board of Appeals.

NOTE that this application is for the modification/relocation of two existing curb cuts. The existing curb cuts will be eliminated only if permission for the new curb cuts are unconditionally granted. Also, the two driveways as proposed work together to provide coordinated access for the Site and would therefore need to be approved together.

DATE: 10 / 28 / 96

PART I:

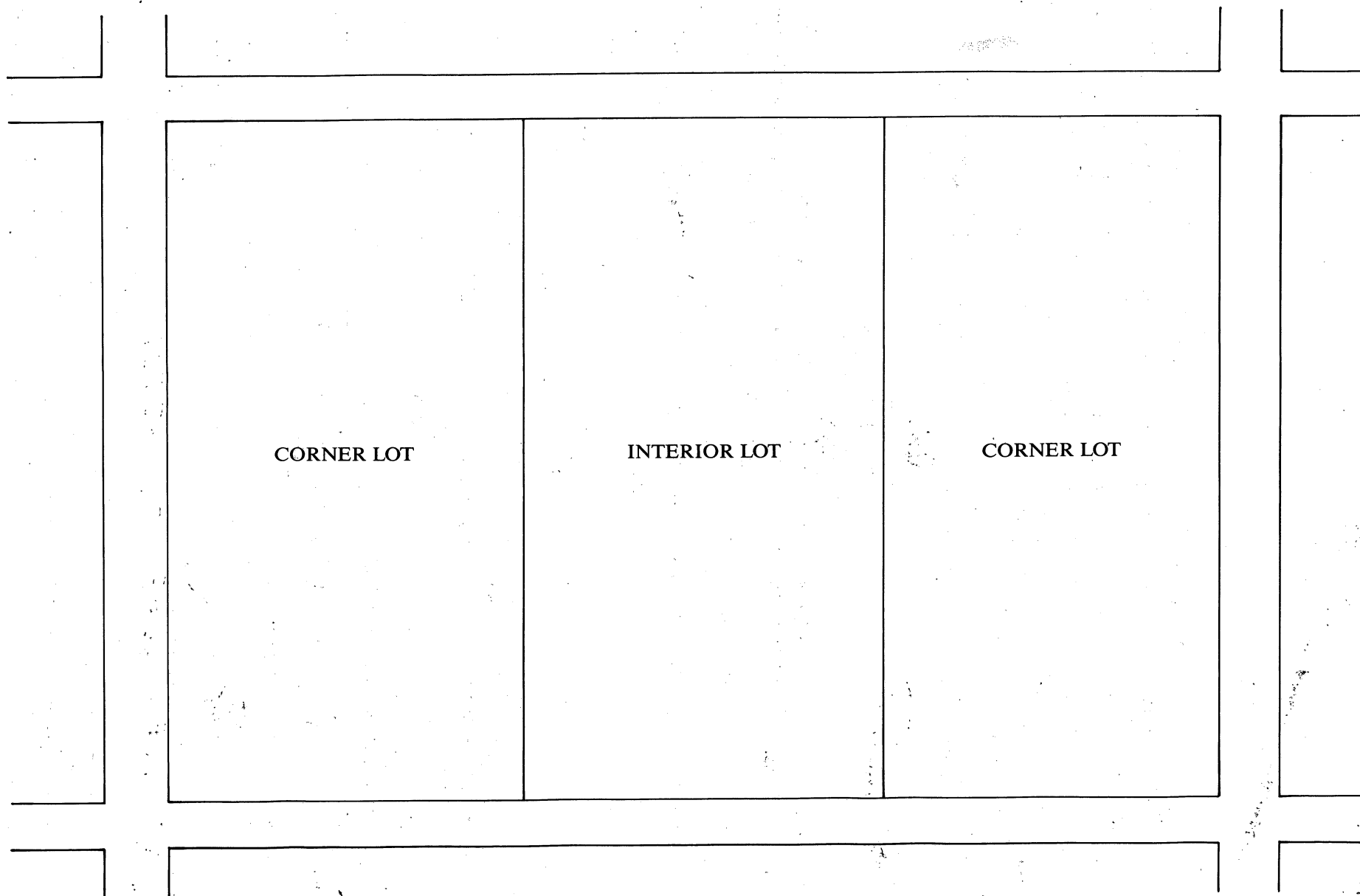
Address of proposed curb cut or off-street parking facility: 23 WHITE STREET	
Frontage: 313' on Mass. Ave., 592' on White St	Block and Lot: Block 179; Lots 87, 84, 86
Setback (distance from building to sidewalk): 0	
Distance from proposed driveway to surrounding structures and property line:	Mass Ave Lot: 34' to structure, 90' to prop. line, White St. cut: 31' to Structure, 154' to prop. line
Dimensions of proposed driveway:	Mass Ave: 25' White St: 24'
Location of any trees, sign posts, fire hydrants, utility poles, etc., in direct vicinity of proposed driveway: Mass Ave: MBTA power stanchion in existing island	

Contact DREW LEFF 262-2131

- ☒ Plot plan is included
- ☒ Sketch of driveway with cost estimate is included
- ☐ All abutter's forms are included

DRAWING 1:

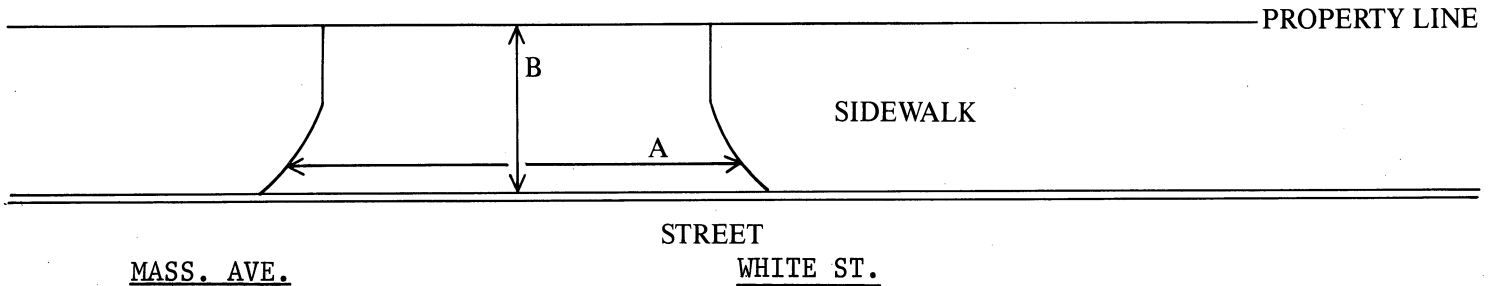
**PLEASE INDICATE LOCATION OF HOUSE AND DRIVEWAY.
BE SURE TO GIVE DIMENSIONS OF LOT.**



DRAWING 2:

SKETCH OF PROPOSED DRIVEWAY WITH COST ESTIMATE

CITY OF CAMBRIDGE



$$A = 49.7 \text{ FT.} \div 3 = 16.57 \text{ YARDS}$$

$$A = 40.8 \text{ FT} \div 3 = 13.6 \text{ YARDS}$$

$$B = 25.4 \text{ FT.} \div 3 = 8.47 \text{ YARDS}$$

$$B = 11.4 \text{ FT} \div 3 = 8.47 \text{ YARDS}$$

$$A \times B = 140.35 \text{ SQUARE YARDS}$$

$$A \times B = 51.68 \text{ SQUARE YARDS}$$

COST ESTIMATE:

BRICK: _____ SQUARE YARDS $\times$ \$70/SQUARE YARD = \$ _____

BRICK ON CONCRETE: 11 SQUARE YARDS $\times$ \$85/SQUARE YARD = \$ 935.00

CONCRETE: _____ SQUARE YARDS $\times$ \$40/SQUARE YARD = \$ _____

ASPHALT: 1527.5 SQUARE FEET $\times$ 1 TON/40 SQUARE FEET $\times$ \$125/TON = \$ 4773.44

DEPARTMENT OF PUBLIC WORKS SCHEDULED DATE FOR CONSTRUCTION:

/ /

DEPARTMENT OF PUBLIC WORKS STATED FEE: \$ _____

The undersigned agrees to pay the stated fee for the driveway installation in full within two (2) weeks of the estimated starting date of construction before the Department of Public Works shall proceed with construction:

Owner's signature: Debra A. Ciolli, Pres. Greenstone Inc., GP of Date: 10/28/96
Address: 1 Broadway, Cambridge MA 02142 Patco Sq. Limited Partnership
Debra - Ciolli, Pres.

Funds Received: \$ _____

Check Number: _____

APPLICATION FOR DRIVEWAY CUTS AND OPENINGS

CITY OF CAMBRIDGE

PART II: INSPECTIONAL SERVICES DEPARTMENT

☒ Application approved

☐ Application denied

Reason:

Signature:

Date:

11/19/96

Title: Zoning

PART III: TRAFFIC AND PARKING DEPARTMENT

- Lauren Preston

☒ Application approved

☐ Application denied

Reason:

Signature:

Date:

11/19/96

Title:

Dep Traffic Dir.

PART IV: HISTORICAL COMMISSION

☒ Application approved

☐ Application denied

Reason:

Signature:

Date:

11/21/96

Title:

Exec. Dir. Hist. Comm.

PART V: PUBLIC WORKS DEPARTMENT

☒ Application approved

☐ Application denied

Reason:

Signature:

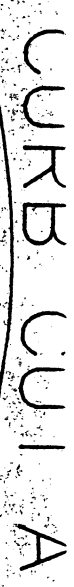
Date:

11/21/96

Title:

Supt of Streets

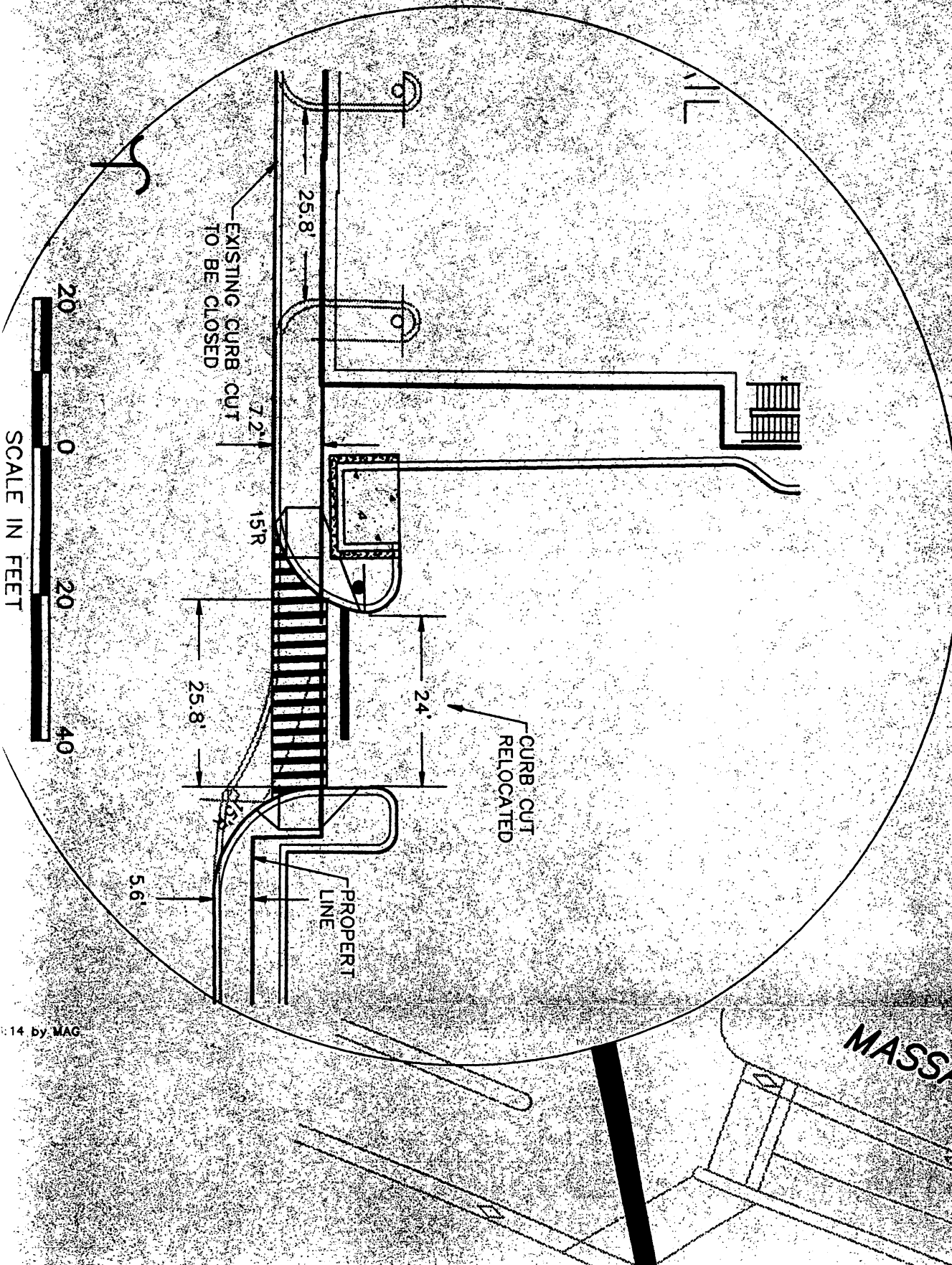
CONFIDENTIAL



PUBLIC - VARIABLE WIDTH) AVE...

96 NOV 21 PM 3:23

CURB CUT B



MASSACHUSETTS
(RO)

CITY OF CAMBRIDGE

APPLICATION FOR DRIVEWAY CUTS AND OPENINGS
ABUTTOR'S FORM

To Whom It May Concern:

As owner or agent of

1925 Massachusetts Avenue



approval

Cambridge, Massachusetts, I do hereby declare



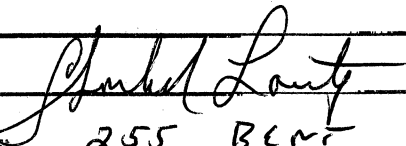
disapproval

of the installment of:

Off-Street Parking Facility located at

23 White St. (Porter Sq. Shopping Center)

Signed:



Date:

11/7/96

Address:

255 Belmont St, Suite 300, Cambridge, MA 02141

To Whom It May Concern:

As owner or agent of



approval

Cambridge, Massachusetts, I do hereby declare



disapproval

of the installment of:

Off-Street Parking Facility located at

Signed:

Date:

Address:

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OFFICE OF CITY CLERK
96 NOV 21 PM 3:24
CAMBRIDGE MA.

To Whom It May Concern:

As owner or agent of



approval

Cambridge, Massachusetts, I do hereby declare



disapproval

of the installment of:

Off-Street Parking Facility located at

Signed:

Date:

Address:

CITY OF CAMBRIDGE

RECEIVED BY
OFFICE OF CITY CLERK

APPLICATION FOR DRIVEWAY CUTS AND OPENINGS ABUTTOR'S FORM

96 NOV 21 PM 3:24
CAMBRIDGE MA.

To Whom It May Concern:

As owner or agent of 1906 MASSACHUSETTS AVENUE

☒ approval

Cambridge, Massachusetts, I do hereby declare

☐ disapproval

of the installment of:

Off-Street Parking Facility located at 23 WHITE STREET (PORTER SQUARE SHOPPING CTR)

Signed: [Signature] Date: 10/28/96
Address: 24 WASHINGTON ST
MED MASS 02155

To Whom It May Concern:

As owner or agent of 1906 [Signature]

☒ approval

Cambridge, Massachusetts, I do hereby declare

☐ disapproval

of the installment of:

Off-Street Parking Facility located at 23 White Street

Signed: _____ Date: _____

Address: _____

To Whom It May Concern:

As owner or agent of _____

☒ approval

Cambridge, Massachusetts, I do hereby declare

☐ disapproval

of the installment of:

Off-Street Parking Facility located at _____

Signed: _____ Date: _____

Address: _____

CITY OF CAMBRIDGE

APPLICATION FOR DRIVEWAY CUTS AND OPENINGS
ABUTOR'S FORM

To Whom It May Concern:

As owner or agent of _____,

☐ approval

Cambridge, Massachusetts, I do hereby declare

☐ disapproval

of the installment of:

Off-Street Parking Facility located at _____

Signed: _____ Date: _____

Address: _____

CITY OF CAMBRIDGE

RECEIVED BY
OFFICE OF CITY CLERK

APPLICATION FOR DRIVEWAY CUTS AND OPENINGS 96
ABUTTOR'S FORM

NOV 21 PM 3:24

CAMBRIDGE MA.

To Whom It May Concern:

As owner or agent of 8 DAVENPORT STREET

☐ approval

Cambridge, Massachusetts, I do hereby declare

☐ disapproval

of the installment of:

Off-Street Parking Facility located at 23 WHITE STREET (PORTER SQUARE SHOPPING CTR)

Signed: Arinda M. Grasse, Trustee of the John Matook Trust Date: 11/4/96

Address: 13 Patony Rd, Framingham, MA 01701

To Whom It May Concern:

As owner or agent of _____

☐ approval

Cambridge, Massachusetts, I do hereby declare

☐ disapproval

of the installment of:

Off-Street Parking Facility located at _____

Signed: _____ Date: _____

Address: _____

To Whom It May Concern:

As owner or agent of _____

☐ approval

Cambridge, Massachusetts, I do hereby declare

☐ disapproval

of the installment of:

Off-Street Parking Facility located at _____

Signed: _____ Date: _____

Address: _____

CITY OF CAMBRIDGE

APPLICATION FOR DRIVEWAY CUTS AND OPENINGS
ABUTOR'S FORM

To Whom It May Concern:

As owner or agent of _____,

☐ approval

Cambridge, Massachusetts, I do hereby declare ☐ disapproval

of the installment of:

Off-Street Parking Facility located at _____

Signed: _____ Date: _____

Address: _____

CITY OF CAMBRIDGE

APPLICATION FOR DRIVEWAY CUTS AND OPENINGS ABUTTOR'S FORM

RECEIVED BY
OFFICE OF CITY CLERK
NOV 21 PM 3:24
CAMBRIDGE MA.

To Whom It May Concern:

As owner or agent of 1920 MASSACHUSETTS AVENUE

☐ approval

Cambridge, Massachusetts, I do hereby declare

☐ disapproval

of the installment of:

Off-Street Parking Facility located at 23 WHITE STREET (PORTER SQUARE SHOPPING CTR)
THE CURB CUTS, I FEEL, DO NOT AFFECT MY BUSINESS. I WOULD APPROVE IF ALL ABUTTERS ARE
NOT ADVERSELY AFFECTED + APPROVE.

Signed: [Signature] CHARLES CHRISTOPHER Date: 10-30-96

Address: 1920 MASS. AVE. CAMBRIDGE MA 02138

P.S. I HAVE LESS WISHY WASHY ANSWERS TO OTHER QUESTIONS REGARDING THE SHOPPING
CENTER, SHOULD YOU HAVE INTEREST

To Whom It May Concern:

As owner or agent of _____

☐ approval

Cambridge, Massachusetts, I do hereby declare

☐ disapproval

of the installment of:

Off-Street Parking Facility located at _____

Signed: _____ Date: _____

Address: _____

To Whom It May Concern:

As owner or agent of _____

☐ approval

Cambridge, Massachusetts, I do hereby declare

☐ disapproval

of the installment of:

Off-Street Parking Facility located at _____

Signed: _____ Date: _____

Address: _____

CITY OF CAMBRIDGE

**APPLICATION FOR DRIVEWAY CUTS AND OPENINGS
ABUTOR'S FORM**

To Whom It May Concern:

As owner or agent of _____,

☐ approval

Cambridge, Massachusetts, I do hereby declare

☐ disapproval

of the installment of:

Off-Street Parking Facility located at _____

Signed: _____ Date: _____

Address: _____

GRAVESTAR

INCORPORATED

November 19, 1996

Mr. Ranjit Singanayagam
Assistant Commissioner
Inspectional Services Department
City of Cambridge
831 Massachusetts Avenue
Cambridge, MA 02139

RECEIVED BY
OFFICE OF CITY CLERK
96 NOV 21 PM 3:23
CAMBRIDGE MA.

Dear Mr. Singanayagam:

I write pursuant to the October 28, 1996, Application for Driveway Cuts and Openings for the property Porter Square Limited Partnership owns at 23 White Street. We mailed by certified mail on October 26 the Department's abutter's forms to the six abutters of the curb cuts. We received and transmitted to you the receipts of acceptance from all of the abutters.

We have now received signed forms from four of the six abutters, each of which we have turned in to your office. The last two abutters are the Massachusetts Mutual Life Insurance Company, owner of 1 Porter Square, and Anthony Farese, administrator of the estate of the owner of 18 White Street. We have placed several calls to the property management company of 1 Porter Square, but have not gotten a return call. We met with Mr. Farese at the location on November 12 and reviewed the proposed changes with him.

We believe have made a good faith effort to notify all abutters in order to discuss any concerns they may have had concerning our application. We hope that you will be able to move our application through the municipal review process.

Thank you very much for your assistance in this matter.

Sincerely,



Deborah A. Ciolfi
President,
Gravestar, Inc.
General Partner of
Porter Square Limited Partnership

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Anthony W. Farese
38 Maplewood Rd
Pembroke, MA
02359

4a. Article Number

P285 910 910

4b. Service Type

- ☐ Registered ☐ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

10/28/96

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

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I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mass. Mutual Life Insurance Co.
Property Evaluation Succ.
65 Harnstown Rd
Glen Rock, NJ 07452

4a. Article Number

P285 910 909

4b. Service Type

- ☐ Registered ☐ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

10/28/96

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

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I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Charles Laverty, Jr.
Paul R. Lohnes
323 Broadway
Cambridge, MA 02139

4a. Article Number

P285 910 906

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *[Signature]*

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CAMBRIDGE MA.



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I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Gertrude J. Christopher
Tr. of Toadman R.T.
1920 Massachusetts Ave
Cambridge, MA 02140

4a. Article Number

P285 910 908

4b. Service Type

- ☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

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I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

John Matook & Durinda Grassey
13 Patony Rd
Saxonville, MA
01701-4047

4a. Article Number

P285 910 876

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

10/28/96

5. Received By: (Print Name)

DURINDA MATOOK

6. Signature: (Addressee or Agent)

X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

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I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Robert E. Marlow
24 Woburn St.
Medford, MA 02155
- 3428

4a. Article Number

P285 910 907

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

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1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Anthony W. Farese
38 Maplewood Rd
Pembroke, MA
02359

4a. Article Number

P285910910

4b. Service Type

- ☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

10/28/96

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *Anthony W. Farese*

PS Form 3811, December 1994

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2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mass. Mutual Life Insurance Co.
Property Evaluation Succ.
65 Harnstown Rd.
Glen Rock, NJ 07452

4a. Article Number

P285910909

4b. Service Type

- ☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

10/28/96

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *E. O'Reil*

PS Form 3811, December 1994

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2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Charles Laverty, Jr.
Paul R. Lohnes
323 Broadway
Cambridge, MA 02139

4a. Article Number

P285910906

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *Paul R. Lohnes*

PS Form 3811, December 1994

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Consult postmaster for fee.

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Gertrude J. Christopher
Tr. of Toadman R.T.
1920 Massachusetts Ave
Cambridge, MA 02140

4a. Article Number

P285 910 908

4b. Service Type

- ☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

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Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

John Matook & Durinda Grasey
13 Patony Rd
Saxonville, MA
01701-4047

4a. Article Number

P285 910 876

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

10/28/96

5. Received By: (Print Name)

DURINDA MATOOK

6. Signature: (Addressee or Agent)

X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Robert E. Marlow
24 Woburn St.
Medford, MA 02155
- 3428

4a. Article Number

P285 910 907

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt



OFFICE OF THE CITY CLERK

CITY OF CAMBRIDGE

(617) 349-4260

FAX (617) 349-4307

tty/TDD (617) 492-0235

D. MARGARET DRURY
CITY CLERK

DONNA P. LOPEZ
DEPUTY CITY CLERK

November 13, 1996

Dear Neighborhood Representative:

This office is in receipt of a copy of a petition from Debra Ciolfi (Porter Square Shopping Center) requesting *modification/relocation of two existing curb cuts at the premises numbered 23 White Street, Cambridge, Massachusetts.*

The City Council has directed that all curb cut petitions be submitted to the appropriate Neighborhood Associations for the locality where the curb cut would be made, so that the association may have an opportunity for review, prior to action by the City Council.

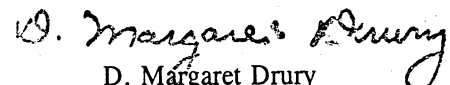
Please indicate by return mail your approval or disapproval of the petition within twenty one days from the date of this letter. If the response is "disapproval" please state reasons. Be sure to sign the form and include a daytime phone number. I have enclosed a self-addressed stamped envelope to facilitate your reply.

As soon as this office has received both the completed application and your neighborhood association response, I will place the petition on the agenda for the next City Council meeting. If I do not receive a response from your neighborhood organization by twenty one days from the date of this letter, I will place the petition on the agenda for the next City Council meeting.

If your neighborhood association cannot complete its review by twenty one days from today, you may extend the reply time another seven days by requesting an extension by letter to me with a copy to the petitioner. However, I urge you to make every effort to complete your review as soon as possible.

Thank you for your cooperation.

Sincerely yours,


D. Margaret Drury
City Clerk

Name of Neighborhood Association: Paul Myers - Porter Square Neighbors Association

hereby _____ approve _____ disapprove of said driveway petition.

Comments: _____

Signature of authorized association representative _____

Daytime telephone no. _____

cc: Petitioner

CITY HALL, 795 MASSACHUSETTS AVENUE CAMBRIDGE, MASSACHUSETTS 02139



OFFICE OF THE CITY CLERK

CITY OF CAMBRIDGE

(617) 349-4260

FAX (617) 349-4307

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Sincerely yours,

D. Margaret Drury
City Clerk

Name of Neighborhood Association: Craig Kelley-North Cambridge Stabilization Committee

hereby _____ approve _____ disapprove of said driveway petition.

Comments: _____

Signature of authorized association representative _____

Daytime telephone no. _____

cc: Petitioner

CITY HALL, 795 MASSACHUSETTS AVENUE CAMBRIDGE, MASSACHUSETTS 02139

RECEIVED BY
OFFICE OF CITY CLERK

96 NOV 18 AM 11:05

CAMBRIDGE MA.



OFFICE OF THE CITY CLERK

CITY OF CAMBRIDGE

(617) 349-4260

FAX (617) 349-4307

tty/TDD (617) 492-0235

D. MARGARET DRURY
CITY CLERK

DONNA P. LOPEZ
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Thank you for your cooperation.

Sincerely yours,

D. Margaret Drury
D. Margaret Drury
City Clerk

Name of Neighborhood Association: Paul Myers - Porter Square Neighbors Association

hereby ☒ approve ☐ disapprove of said driveway petition.

Comments:

Signature of authorized association representative

Paul S. Myers

Daytime telephone no. 547-2531

cc: Petitioner

CITY HALL, 795 MASSACHUSETTS AVENUE CAMBRIDGE, MASSACHUSETTS 02139

RECEIVED BY
OFFICE OF CITY CLERK



96 NOV 18 AM 11:05 OFFICE OF THE CITY CLERK

CAMBRIDGE MA.

CITY OF CAMBRIDGE

(617) 349-4260

FAX (617) 349-4307

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D. MARGARET DRURY
CITY CLERK

DONNA P. LOPEZ
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November 13, 1996

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Thank you for your cooperation.

Sincerely yours,

D. Margaret Drury
City Clerk

Name of Neighborhood Association: Craig Kelley-North Cambridge Stabilization Committee

HAS NO OPINION

hereby approve ~~disapprove~~ of said driveway petition.

Comments: WE DO NOT HAVE AN OPINION, AS A GROUP, ON THIS ISSUE

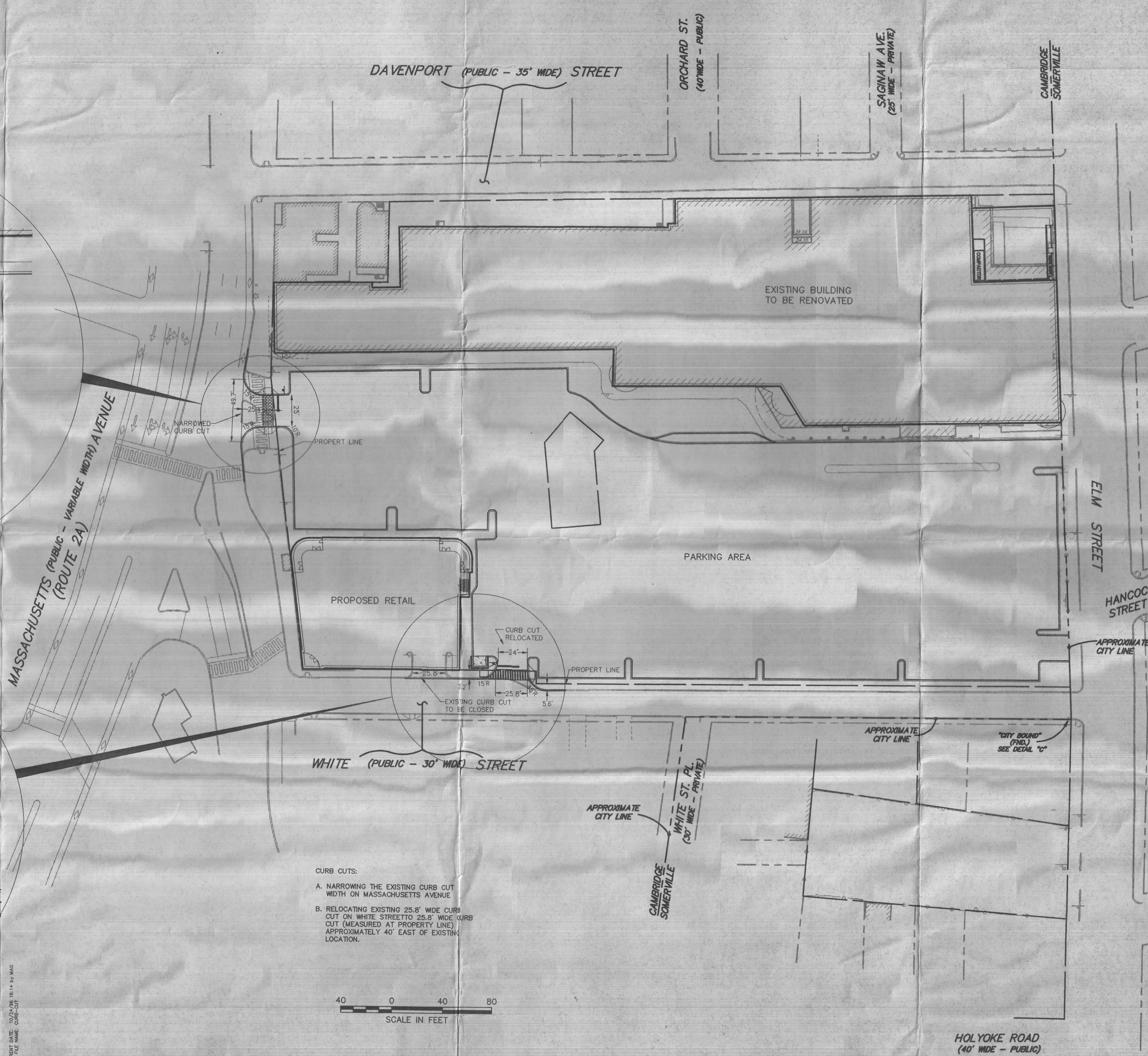
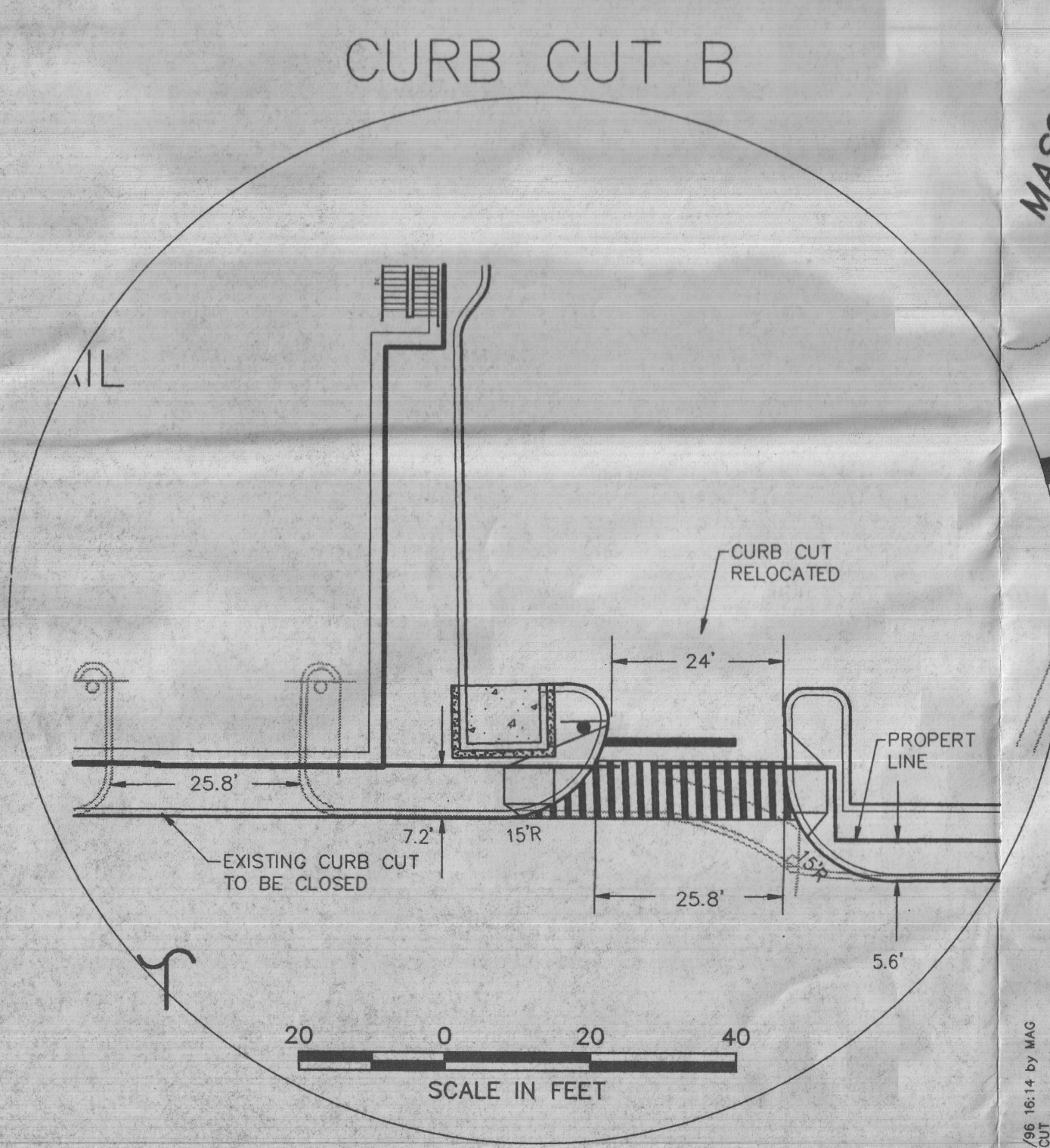
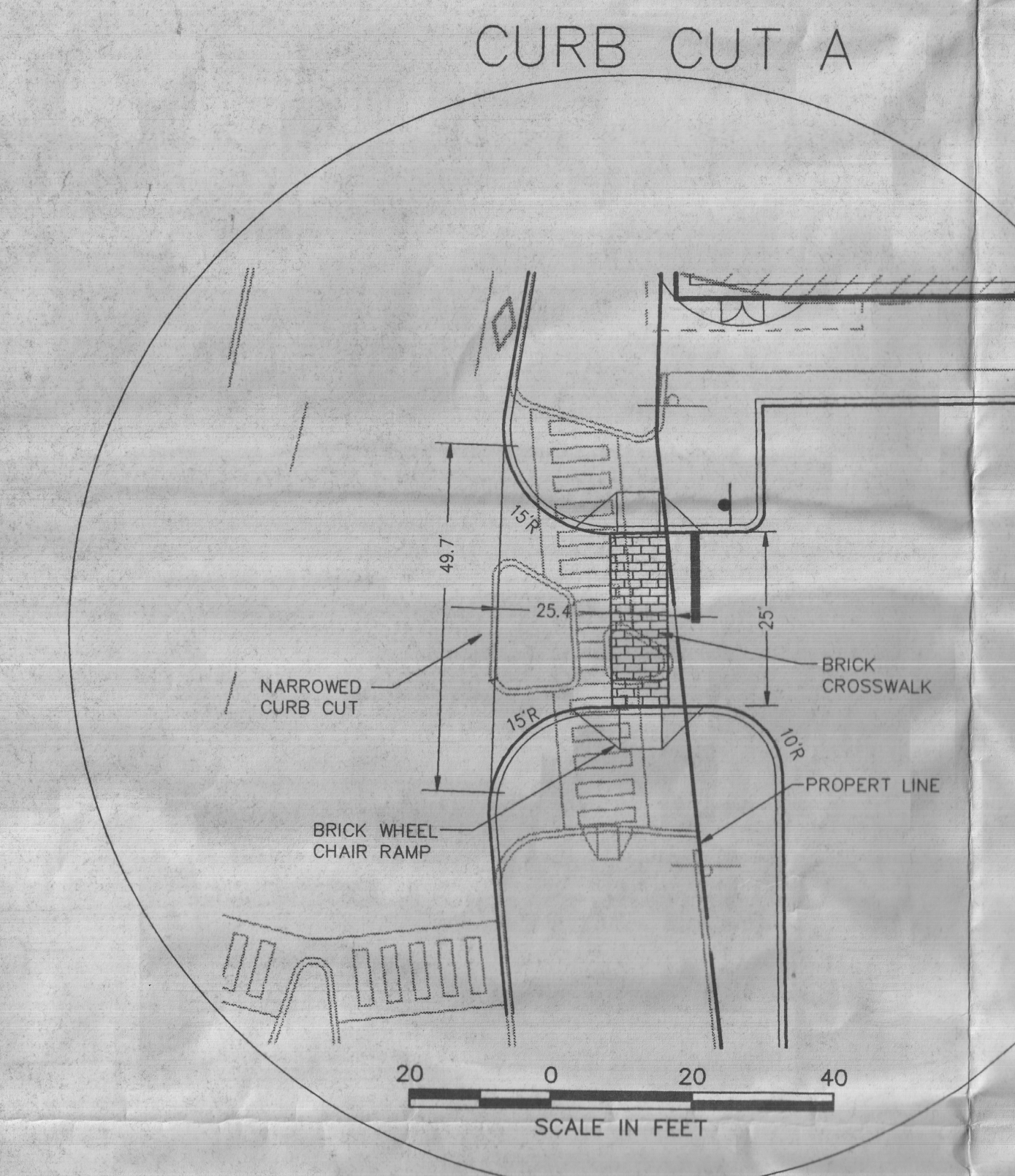
Signature of authorized association representative [Signature]

Daytime telephone no. _____

cc: Petitioner

AND SEE NO
BENEFIT WORTH
HOLDING UP THE
PROCESS UNTIL OUR
NEXT MEETING.

CITY HALL, 795 MASSACHUSETTS AVENUE CAMBRIDGE, MASSACHUSETTS 02139

[illegible]

No.	Revision	Date	Appvd.
Designed by		Drawn by	Checked by
CAD checked by		Approved by	
Scale 1"=40'		Date 10/24/96	
Project Title			

Porter Square Shopping Center

Cambridge, Massachusetts

issued for

PERMIT APPLICATION

Drawing Title _____

Curb Cut Plan

Drawing Number _____

C-1

Sheet of
1 1

Project Number
04535

CURB-CUT.DV

Consent Communication #9

Cal 2
H-192

Petition was received from Deborah Ciolfi,
President, Gravestar, Inc. General Partner of
Porter Square Limited Partnership requesting
modification/relocation to two existing
curb cuts at the premises numbered
23 White Street.

In City Council November 25, 1996

Chatter Right
Exercised by
Councillor Sullivan

In City Council
December 16, 1996

Order Adopted
9-0-0