CITY OF CAMBRIDGE
DEPARTMENT OF HEALTH AND HOSPITALS
1493 CAMBRIDGE STREET CAMBRIDGE, MASSACHUSETTS 02139

Melvin H. Chalfen, M.D.
Commissioner

Robert W. Healy
City Manager
City Hall Cambridge, Massachusetts 02139

May 10,1990

Dear Mr Healy,

Council Order 43
156 Sixth Street

The enclosed summary from Biogen explains the activity planned for 156 Sixth Street. Laboratory usage is for both recombinant and non-recombinant research. The recombinant work falls under the Cambridge ordinance on recombinant DNA materials for which Biogen holds permits in its other buildings. The BL1 designation covers experiments requiring only the lowest level of containment by NIH Guideline and under prudent laboratory practice. The non-recombinant work is similarly low level containment work. The end results are pharmaceutical in nature, medicines of various types.

As noted the construction plans are on file with the Building Department. The zoning is appropriate for the activity.

Yours sincerely,

Melvin H. Chalfen MD

Melvin H.Chalfen M.D.

MHC
Copy: J. Cellucci
Inspectional Services

SUBJECT: RENOVATIONS TO 156 SIXTH STREET

The building at 156 Sixth Street is owned by Eastern Realties Trust and is being leased by Biogen. The leased area within the building is on two floors totalling approximately 21,600 square feet; 12,700 square feet on the first level and 8,900 square feet on the second level. This area is being rehabilitated in accordance with the terms of the lease. Building construction is being conducted under City of Cambridge Building Permit #030905, issued on 8 March 1990. A complete set of plans describing details of the construction is on file with the city of Cambridge.

The first level of the building will contain six laboratories of 6,500 net square feet. The other 6,200 square feet are offices, lobbies and support space. Biogen intends to use these laboratories to accommodate expansion of its current pharmaceutical research operations being conducted at 241 Binney Street and 14 Cambridge Center. The laboratories have been designed as BL-1 (formerly designated as P-1) work areas. Scientific projects in bacterial and mammalian cell culture and in protein purification will be conducted in this space.

The second level of the building will contain offices and administrative support areas.

/

156 Sixth ST.

CITY OF CAMBRIDGE

INSPECTIONAL SERVICES DEPARTMENT CITY HALL
CAMBRIDGE, MASSACHUSETTS 02139 (617) 498-9013

JOSEPH J. CELLUCCI
COMMISSIONER OF BUILDINGS
AND HOUSING

030905

CITY OF CAMBRIDGE INSPECTIONAL SERVICES DEPT. FEB 6 '90 PM 4 29

The undersigned hereby applies for a Permit to Build, Alter, Repair in accordance with Section 113.0 of Mass. State Building Code.

OFFICE USE

FEE 29,213 SPECIAL 5 TOTAL FEE 29,218

Date Received:
Date Issued: 3/8/90
Permit No.: 030905

(PRINT IN INK)

APPLICANT

1. Building Location: 156 SIXTH STREET Date of Application: 2-6-90
2. Zone IB1 Certified plot plan submitted _____ Lot area _____ Frontage 137'-0"
   Set backs: front _____ right _____ left _____ rear _____
   Height above grade: 26' ft., 2 stories; below grade: 0 ft., 0 stories
   Use & Occupancy OFFICE/LABS How is Building Occupied UNOCCUPIED
   Gross Floor Area: 22,000 S.F.
3. Owner: BIOGEN
   Address: 14 CAMBRIDGE CENTER Phone No.: 864-8900
4. Applicant: ANTHONY R. CONVERTITO Lessee or other: _____
   Address: 11 RALPH ROAD DANVERS, MA. 01923 Phone No.: 508-777-9874
5. Contractor: THIBAULT / NICO - (New Contractor See attached Letter) License No.: B003992
   Address: 151 WALNUT ST. HARTFORD, CT. 06120 Phone No.: 203-522-7245
6. Architect/designer: KENNETH J. GRITTER Registration No.: 3794
   Address: 321 COMMONWEALTH Rd. COCHITUATE, MASS Phone No.: 617-969-1200
7. Engineer: STEPHEN T. MCNEICE License No.: 30627
   Address: CARLSON ASSOC. INC. SAME AS ABOVE Phone No.: 617-969-1200
8. Type of work: new addition (alteration) repair change or use/occupancy
   Other _____
9. Description of work: MISC. STRUCT. STEEL, CONCRETE, PARTITIONS & INTERIOR FINISHES, HVAC, PLUMBING, SPRINKLER, ELECTRICAL.
   ADD SMALL 2ND STORY ADDITION / ARC 2/8/90
10. Construction characteristics: Type of construction: STRUCTURAL STEEL & CONCRETE
    a. Type of footings: CONCRETE
    b. Type of foundation: CONCRETE
    c. Type of frame: (I) reinforced concrete (II) structural steel III masonry bearing wall IV wood other _____
    d. Type of heat and fuel: STEAM - NATURAL GAS
11. Are the following included?: (notes: 1. see no. 18b; 2. requires separate permit; 3. see no. 16)

a. Fire extinguishing equip. (note 1)	(yes)	no	f. Air conditioning (note 3)	(yes)	no
(b) Plumbing (note 2)	(yes)	no	g. Electrical (note 2)	(yes)	no
(c) Water pipes (note 2)	(yes)	no	h. Sprinklers (note 1)	(yes)	no
(d) Gas fitting (note 2)	(yes)	no	i. Fire detection equip. (note 1)	(yes)	no
(e) Heating (note 3)	(yes)	no	j. Any items in Sect. 1200.00 (note 1)	yes	no

IS Form 68

gistered P.E. or Architect – see no. 6 and no. 7) (EXCEPTION: single family residences)

14. Is structure subject to control in accordance with section 127.0 of the Massachusetts State Building Code? If YES, state the following and attach affidavits in accordance with Section 113.5.1 of State Building Code.
    a. Laboratory: TROW PROTZE Co. License No.: CTL 010
    Address 36 JACONNET STREET NEWTON HIGHLAND, MA. 02161
    b. Technic an: SAME AS ABOVE License No.:
    Address
    c. Plan rev ew waived:
    d. Structural review waived:

15. Costs: read entirely before completing–
    A. Estimated cost of general work: $ 3,000,000.00
    B. If any of the following are checked as "YES" in item 11 and included in cost in item 15 A above, then include below.
    a. Fire estinguishing equipment $ $ 1,000.00
    b. Plumbing $ 90,000.—
    c. Water piping $ 90,000.—
    d. Gas f tting $ 25,000.—
    e. Heating $
    f. Air conditioning $ 450,000.—
    g. Electrical $ 240,000 —
    h. Sprinklers $ 35,000 —
    i. Fire detection equipment $ 3,000 —

16. Is compliance with article 20 (Energy Conservation) of the State Building Code required in any part of the work?
    yes (no) if YES, answer no. 17.

17. Does a summary and certification of compliance with Article 20 (Energy) accompany this application?
    yes (no)

18. Plans and specifications: (Section 113.5 of state building code)
    a. Specifications submitted: YES No. of copies: 1
    b. Plans submitted: YES No. of copies: 3

(If any one of items 11a, h, i or j is answered Yes; 1 set of plans is required to be sent to the Fire Dept. for review, and a copy of transmittal form attached to this application.) (Plans will be sent by this department)

19. If existing building, complete the following:
    a. Type of construction: REINFORCED CONCRETE / STRUCTURAL STEEL
    b. Use group: OFFICE / R&D
    c. Occupancy: OFFICE / R&D
    d. No. of rooms/units: N/A SEE PLANS
    e. Height in feet: 26'-0"
    f. Height in stories above/grade: 2
    g. Area per floor: 11,000 SF
    h. Total volume (cubic feet): 220,000 CF
    Gross Floor Area: (All floors, incl. bsmt/attic)

20. a. Number of persons per floor
    b. Live load per floor (PSF)

	a	b		a	b		a	b		a	b
1			6			11			16		
2			7			12			17		
3			8			13			18		

156 Sixth ST

CITY OF CAMBRIDGE

RECEIVED

INSPECTIONAL SERVICES DEPARTMENT CITY HALL
CAMBRIDGE, MASSACHUSETTS 02139 (617) 498-9013

MAY 2[illegible] 12 AM '90

JOSEPH J. CELLUCCI
COMMISSIONER OF BUILDINGS
AND HOUSING

[illegible] CASAL
COMMISSION

0525539

The undersigned hereby applies for a Permit to Build, Alter, Repair in accordance with Section 113.0 of Mass. State Building Code.

OFFICE USE

FEE $63 SPECIAL — TOTAL FEE $63

Date Received: [illegible]
Date Issued: 5/25/90
Permit No.: 0525539

APPLICANT

(PRINT IN INK)

1. Building Location: 156 6th Street Date of Application: 5/4/90
2. Zone Ind. B-1 Certified plot plan submitted _____ Lot area _____ Frontage _____
   Set backs: front _____ right _____ left _____ rear _____
   Height above grade: _____ ft., _____ stories; below grade: _____ ft., _____ stories
   Use & Occupancy _____ How is Building Occupied Industrial
3. Owner: Biogen, Inc. Gross Floor Area: _____
   Address: 14 Cambridge Center Camb. Ma. Phone No.: 864-8900
4. Applicant: _____ Lessee or other: _____
   Address: _____ Phone No.: _____
5. Contractor: COUSINS CONSTR CO INC. [illegible] License No.: 865-1562 x [illegible]
   Address: 348 MEDFORD ST. CHARLESTOWN Phone No.: 242-4709
6. Architect/designer: Russell & Dawson Registration No.: 22320
   Address: 350 Roberts St. E. Hartford Conn. 06103 Phone No.: 203-289-1100
7. Engineer: Carlson Associates, Inc License No.: 30627
   Address: 321 Commonwealth Rd. Cochituit, Ma. 01778 Phone No.: 617-969-1200
8. Type of work: new addition (alteration) repair change or use/occupancy LENCRITTER
   Other _____
9. Description of work: REMOVE EXISTING RAMPS AND STAIRS AND INSTALL NEW TRANSFORMER PADS AND ENCLOSURE PER DRAWINGS AS-1, S1.1, S1.2, ES-1, ES-2 BY CARLSON ASSOCIATES DATED 11-30-89 AND REBUILD NEW STAIRS TO REPLACE THE STAIRS REMOVED
10. Construction characteristics: Type of construction: CONCRETE & MASONRY
    a. Type of footings: CONCRETE
    b. Type of foundation: CONCRETE
    c. Type of frame: I reinforced concrete II structural steel (III) masonry bearing wall IV wood other _____
    d. Type of heat and fuel: N/A
11. Are the following included?: (notes: 1. see no. 18b; 2. requires separate permit; 3. see no. 16)

a. Fire extinguishing equip. (note 1)	yes	(no)	f. Air conditioning (note 3)	yes	(no)
b. Plumbing (note 2)	yes	(no)	g. Electrical (note 2)	(yes)	no
c. Water pipes (note 2)	yes	(no)	h. Sprinklers (note 1)	yes	(no)
d. Gas fitting (note 2)	yes	(no)	i. Fire detection equip. (note 1)	yes	(no)
e. Heating (note 3)	yes	(no)	j. Any items in Sect. 1200.00 (note 1)	yes	(no)

IS Form 68

12. Is a street Occupancy Permit necessary? NO

13. Total volume (cubic ft.) 7,770 (if 35,000 cu. ft. and not R-3, requires stamp of Massachusetts registered P.E. or Architect – see no. 6 and no. 7) (EXCEPTION: single family residences)

14. Is structure subject to control in accordance with section 127.0 of the Massachusetts State Building Code? If YES, state the following and attach affidavits in accordance with Section 113.5.1 of State Building Code.

a. Laboratory: _____ License No.: _____

Address: _____

b. Technician: _____ License No.: _____

Address: _____

c. Plan review waived: _____

d. Structural review waived: _____

15. Costs: read entirely before completing–

A. Estimated cost of general work: $115,000

B. If any of the following are checked as "YES" in item 11 and included in cost in item 15 A above, then include below.

a. Fire estinguishing equipment $ _____

b. Plumbing $ _____

c. Water piping $ _____

d. Gas fitting $ _____

e. Heating $ _____

f. Air conditioning $ _____

g. Electrical $ 65,000

h. Sprinklers $ _____

i. Fire detection equipment $ _____

16. Is compliance with article 20 (Energy Conservation) of the State Building Code required in any part of the work?

yes (no) if YES, answer no. 17.

17. Does a summary and certification of compliance with Article 20 (Energy) accompany this application?

yes no

18. Plans and specifications: (Section 113.5 of state building code)

a. Specifications submitted: _____ No. of copies: _____

b. Plans submitted: AS-1, S1.1, S1.2, ES-1, ES-2 No. of copies: 1 EACH

(If any one of items 11a, h, i or j is answered Yes; 1 set of plans is required to be sent to the Fire Dept. for review, and a copy of transmittal form attached to this application.) (Plans will be sent by this department)

19. If existing building, complete the following:

a. Type of construction: New Electrical Equipment Enclosure

b. Use group: _____

c. Occupancy: _____

d. No. of rooms/units: _____

e. Height in feet: _____

f. Height in stories above/grade: _____

g. Area per floor: _____

h. Total volume (cubic feet): _____

Gross Floor Area: (All floors, incl. bsmt/attic) _____

20. a. Number of persons per floor

b. Live load per floor (PSF)

	a	b		a	b		a	b		a	b
1			6			11			16		
2			7			12			17		
3			8			13			18		
4			9			14			19		
5			10			15			20		

156 Sixth ST.

CITY OF CAMBRIDGE

INSPECTIONAL SERVICES DEPARTMENT CITY HALL
CAMBRIDGE, MASSACHUSETTS 02139 (617) 498-9013

JOSEPH J. CELLUCCI
COMMISSIONER OF BUILDINGS
AND HOUSING

030215

RECEIVED
FEB 30 9 45 AM 90

The undersigned hereby applies for a Permit to Build, Alter, Repair [illegible] in accordance with Section 113.0 of Mass. State Building Code. [illegible] COMMISSION

OFFICE USE

FEE 83.00 SPECIAL — TOTAL FEE 83.00

Date Received: _____
Date Issued: 3/2/90
Permit No.: 030215

(PRINT IN INK)

APPLICANT

1. Building Location: 156 SIXTH ST. Date of Application: 3-1-90
2. Zone _____ Certified plot plan submitted _____ Lot area _____ Frontage _____
   Set backs: front _____ right _____ left _____ rear _____
   Height above grade: _____ ft., _____ stories; below grade: _____ ft., _____ stories
   Use & Occupancy _____ How is Building Occupied Business
   Gross Floor Area: _____
3. Owner: RioGen
   Address: Binney St. Cambridge Phone No.: _____
4. Applicant: Buster Construction inc. Lessee or other: _____
   Address: 72 Rosedale Rd. Watertown Phone No.: 617-924-2181
5. Contractor: Buster Construction inc. License No.: _____
   Address: 72 Rosedale Rd. watertown Phone No.: 617-924-2181
6. Architect/designer: Carlson Associates Registration No.: _____
   Address: 321 Commonwealth Rd. Cochituat Ma. Phone No.: 617-969-1200
7. Engineer: Same License No.: _____
   Address: _____ Phone No.: _____
8. Type of work: new addition (alteration) repair change or use/occupancy
   Other _____
9. Description of work: Demo - only: interior masonry walls; Brick curtain wall, wood walkway, Section concrete roof.
10. Construction characteristics: Type of construction: _____
    a. Type of footings: _____
    b. Type of foundation: _____
    c. Type of frame: I reinforced concrete II structural steel III masonry bearing wall IV wood other _____
    d. Type of heat and fuel: _____
11. Are the following included?: (notes: 1. see no. 18b; 2. requires separate permit; 3. see no. 16)

a. Fire extinguishing equip. (note 1)	yes	no	f. Air conditioning (note 3)	yes	no
b. Plumbing (note 2)	yes	no	g. Electrical (note 2)	yes	no
c. Water pipes (note 2)	yes	no	h. Sprinklers (note 1)	yes	no
d. Gas fitting (note 2)	yes	no	i. Fire detection equip. (note 1)	yes	no
e. Heating (note 3)	yes	no	j. Any items in Sect. 1200.00 (note 1)	yes	no

IS Form 68

13. Total volume (cubic ft.) N/A 10,800 sq ft 35,000 cu. ft. and not R-3, requires stamp of Massachusetts registered P.E. or Architect – see no. 6 and no. 7) (EXCEPTION: single family residences)

14. Is structure subject to control in accordance with section 127.0 of the Massachusetts State Building Code? If YES, state the following and attach affidavits in accordance with Section 113.5.1 of State Building Code.

a. Laboratory: N/A License No.: _____

Address: _____

b. Technician: _____ License No.: _____

Address: _____

c. Plan review waived: _____

d. Structural review waived: _____

15. Costs: read entirely before completing

A. Estimated cost of general work: $ 10,000

B. If any of the following are checked as "YES" in item 11 and included in cost in item 15 A above, then include below.

a. Fire estinguishing equipment $ _____

b. Plumbing $ _____

c. Water piping $ _____

d. Gas fitting $ _____

e. Heating $ _____

f. Air conditioning $ _____

g. Electrical $ _____

h. Sprinklers $ _____

i. Fire detection equipment $ _____

16. Is compliance with article 20 (Energy Conservation) of the State Building Code required in any part of the work?

yes (no) if YES, answer no. 17.

17. Does a summary and certification of compliance with Article 20 (Energy) accompany this application?

yes (no)

18. Plans and specifications: (Section 113.5 of state building code)

a. Specifications submitted: N/A No. of copies: _____

b. Plans submitted: _____ No. of copies: _____

(If any one of items 11a, h, i or j is answered Yes; 1 set of plans is required to be sent to the Fire Dept. for review, and a copy of transmittal form attached to this application.) (Plans will be sent by this department)

19. If existing building, complete the following:

a. Type of construction: Masonry - C.C.

b. Use group: Bus-

c. Occupancy: ~~Res~~ Office

d. No. of rooms/units: ~~Res~~ 3

e. Height in feet: 25'

f. Height in stories above/grade: 2

g. Area per floor: 10,000 sq ft.

h. Total volume (cubic feet): _____

Gross Floor Area: (All floors, incl. bsmt/attic) _____

20. a. Number of persons per floor

b. Live load per floor (PSF)

	a	b	a	b	a	b	a	b
1			6			11			16		
2			7			12			17		
3			8			13			18		
4			9			14			19		
5			10			15			20		

24.

CITY OF CAMBRIDGE
CAMBRIDGE, MASSACHUSETTS 02139
TEL. 498-9011
FAX. 868-8159

EXECUTIVE DEPARTMENT
ROBERT W. HEALY
City Manager

RICHARD C. ROSSI
Deputy City Manager

July 30, 1990

To the Honorable, the City Council:

In response to Awaiting Report #29 of May 21, 1990 regarding renovations to 152-156 6th Street, attached are building permits issued from Inspectional Services as well as a report from Commissioner of Health and Hospitals Melvin Chalfen.

Very truly yours,

Robert W. Healy
City Manager

Agenda # 24

S-720

Awaiting Report Item # 29, regarding renovations to 152-156 Sixth Street.

In City Council,

July 30, 1990

Placed on File