



APPLICATION
CERTIFICATE of APPROPRIATENESS-or-
DESIGN APPROVAL-or-EXEMPTION

Deliver or mail to:
Environment Department
Boston City Hall, Rm 709
Boston, MA 02201

For Office Use Only

APPLICATION # _____
RECEIVED _____
FEE _____
HEARING DATE _____

DO NOT RETURN THIS FORM BY FAX OR EMAIL

DO NOT STAMP THIS BOX

I. PROPERTY ADDRESS 147-149 Charles St

NAME of BUSINESS/PROPERTY _____

The names, telephone numbers, postal and e-mail addresses requested below will be used for all subsequent communications relating to this application. Environment Department personnel cannot be responsible for illegible, incomplete or inaccurate contact information provided by applicants.

II. APPLICANT Jacob Simmons

CONTACT NAME Jacob Simmons RELATIONSHIP TO PROPERTY Senior Project Manager

MAILING ADDRESS 320 WASHINGTON ST STE. 3FF Brookline MA ZIP 02445

PHONE 857-264-1803 EMAIL jacob.simmons@cityrealtyboston.com

PROPERTY OWNER Greatest Boston Bar Company, LLC CONTACT NAME _____

MAILING ADDRESS 320 WASHINGTON ST STE. 3FF Brookline MA ZIP 02445

PHONE 617-751-5121 EMAIL projects@cityrealtyboston.com

ARCHITECT Khalsa Design CONTACT NAME Jerry Wilson

MAILING ADDRESS 17 Ivaloo Street - Suite 400 Somerville, MA ZIP 02143

PHONE 617-591-8682 x203 EMAIL jwilson@tkgeast.com

CONTRACTOR Josh Fetterman CONTACT NAME Josh Fetterman

MAILING ADDRESS 320 WASHINGTON ST STE. 3FF Brookline MA ZIP 02445

PHONE 617-751-5123 EMAIL josh.fetterman@cityrealtyboston.com

III. DESCRIPTION OF PROPOSED WORK

A BRIEF OUTLINE OF THE PROPOSED WORK *MUST* BE GIVEN IN THE SPACE PROVIDED BELOW, OR THE APPLICATION WILL *NOT* BE ACCEPTED. This description provides the basis for the official notice and subsequent decision, and it must clearly represent the entirety of the project. Additional pages may be attached, if necessary, to provide more detailed information.

Full gut renovation of existing building.

1. Provide new "brownstone" cast stone window lintels, match existing size and detail of existing (correcting damaged details) units - 15 locations
2. Provide new "brownstone" cast stone window sills - 18 locations sills shall be 8" longer than existing window opening, 6" deep and 4" high with drip edge.
3. Remove all mortar smear from facade, if brick face cannot be cleaned, use back of brick if of acceptable appearance or provide matching brick.
4. Remove and rebuild face brick in area marked "B" on elevation. Repair all deteriorated back-up, provide full masonry bond; if not possible provide galvanized ties.
5. Cut out and repoint all mortar joints, provide Type O (1:2:8) mortar with very small amount of buff colorant. Provide samples for color and tooling for approval.
6. In areas marked "A" on elevation any bricks determined to be loose after cutting out joints, shall be removed and reset in a full mortar bed.
7. Provide new full wood cornice matching existing design where marked on elevation; replace all damaged fascia. Repair all deteriorated framing behind fascia. Back prime new wood, prime and 2 coat paint cornice.

Replacement of residential windows and replacement of residential doors
Replace windows with wood JB Sash "Proper Bostonian" or equivalent divided light painted black
Replace doors with Jeld Wen or equivalent, painted black to match windows.

REQUIRED DOCUMENTATION: Please include all required documentation with this application; review instructions carefully for details.

ESTIMATED COST OF PROPOSED WORK _____

IV. DULY AUTHORIZED SIGNATURES (both required)

The facts set forth above in this application and accompanying documents are a true statement made under penalty of perjury.

APPLICANT _____ OWNER* _____

*(If building is a condominium or cooperative, the chairman must sign.)

PRINT _____ PRINT _____

Environment Department personnel cannot be responsible for verifying the authority of the above individuals to sign this application. Misrepresentation of signatory authority may result in the invalidation of the application.

UNSIGNED OR PARTIALLY SIGNED FORMS WILL BE REJECTED

THIS APPLICATION IS NOT COMPLETE WITHOUT SIGNATURES, FEES AND REQUIRED DOCUMENTATION.

The checklist below is for reference only: Please refer to the detailed application instructions for deadlines, fee schedule and required documentation specific to your proposal.

COMPLETED APPLICATION FORM

APPLICATION FEE (Check or money order made payable to City of Boston; see fee schedule in Instructions)

DESCRIPTION OF WORK (A brief description must be included on the front page; additional pages of detailed information may be attached. **Applications that only note “see attached” will not be accepted.**)

PHOTOS OF EXISTING CONDITIONS

DRAWINGS AND SPECIFICATIONS AS REQUIRED (See “documentation requirements” in instructions)



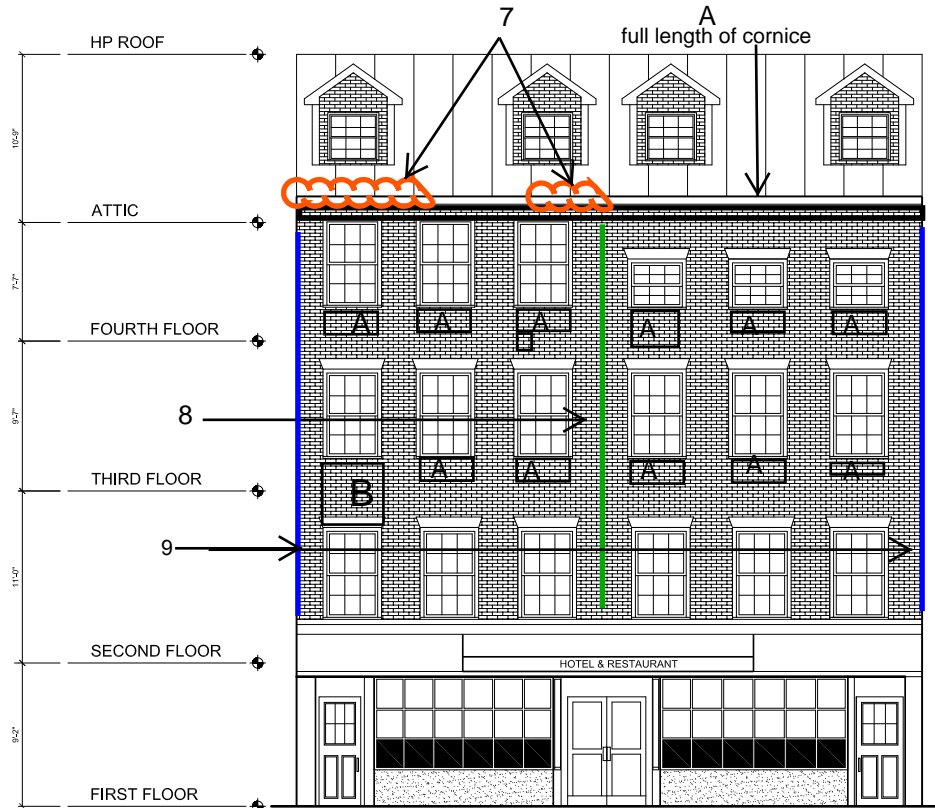
ERS

Elevator
engines

A.E.T.
781.991.4363
Boston, MA

BEACON HILL PUB

COB. N. College of Textiles



1 PROPOSED FRONT ELEVATION
NTS

FRONT FACADE REPAIR NOTES

1. Provide new "brownstone" cast stone window lintels, match existing size and detail of undamaged units - 15 locations
2. Provide new "brownstone" cast stone window sills - 18 locations
sills shall be 8" longer than existing opening, 6" deep and 4" high with drip edge.
3. Remove all mortar smear from facade, if brick face cannot be cleaned, use back of brick if of acceptable appearance or provide matching brick.
4. Remove and rebuild face brick in area marked "B". Repair all deteriorated back-up, provide full masonry bond; if not possible provide galvanized ties.
5. Cut out and repoint all mortar joints, provide Type O (1:2:8) mortar with very small amount of buff colorant. Provide samples for color and tooling for approval.
6. In areas marked "A" any bricks determined to be loose after cutting out joints, shall be removed and reset in a full mortar bed.
7. Provide new full wood cornice where marked; replace all fascia. Repair deteriorated framing behind fascia. Back prime new wood, prime and 2 coat paint cornice.
8. Clean all paint/mortar stain behind existing rainleader.
9. Provide back rod and sealant, joints to adjoining buildings.

REAR ELEVATION REPAIR NOTES (NOT SHOWN)

1. Cut out and repoint all brick not covered by the NEW addition.

MASONRY REPAIR
147-149 Charles Street
Boston, MA

PRESERVATION TECHNOLOGY ASSOCIATES, LLC
617 598 2255
December 31, 2019