



TOWN OF BROOKLINE

Massachusetts

PRESERVATION COMMISSION APPLICATION FOR DEMOLITION CERTIFICATE

Application Number: _____

Date Received: _____

Hearing Date: _____

- I. PROPERTY ADDRESS 64 Westbourne Terrace
Town of Brookline
- II. OWNER C/o Public Schools of Brookline PHONE 617-264-6449
Ray Masak Project Manager
- ADDRESS 333 Washington St, Bldg Dept ZIP CODE 02445
- E-MAIL ADDRESS rmusak@brookline.ma.gov
- III. BUILDING TYPE OR SECTION TO BE DEMOLISHED
Town owned School Building (Driscoll School)

FEE SCHEDULE FOR DEMOLITION CERTIFICATES

Please make out two checks payable to the Town of Brookline in the amount of \$100 and \$200.
If the building is determined Non-Significant, the \$200 check will be returned to you.

\$200.00 Certificate of Significance
\$100.00 Certificate of Non-Significance

RECEIVED Waived

****COLOR PHOTOGRAPHS OF EACH ELEVATION (SIDE) OF THE BUILDING(S)
MUST BE INCLUDED.**

TIME SCHEDULE

Within ten (10) business days of receipt of a COMPLETED application, the staff shall make an initial determination of Significance or Non-Significance and will notify the owner, the Building Commissioner, the Town Clerk, and the Planning Director. Within twenty (20) business days of an initial determination, if the building is found significant, the Commission shall review the application at a Public Hearing. Failure to complete this form accurately will require a new application.

V. SIGNATURES:

OWNER OF RECORD _____ DATE _____

School Committee signature
Page Attached

Town of Brookline Building Department
333 Washington Street Brookline, Massachusetts 02445
617.730.2100

Building Permit Application
PLEASE PRINT LEGIBLY

Job Address: 64 Westbourne Terrace Submittal Date: _____
Existing Use: School Bldg Proposed Use: School Bldg

Description of work: _____

Total Estimated Value of Work: 100,000,000 Permit Fee: _____

Structure: _____ Plumb: _____ Wire: _____ HVAC: _____

* Subject to Final Cost Affidavit *

Property Owner: Town of Brookline Are you a Lessee? _____
C/o Public School of Brookline

Address: 333 Washington St, Bldg Dept Phone No: 617-264-6449

Ray Masutke; Project Manager Zip Code: 02445 Email: rmasutke@brookline.gov

Construction Supervisor: _____ Cell No: _____

Address: _____ Phone No: _____

Zip Code: _____ Email: _____

CSL No: _____ Type: _____ Expiration: _____

H.I.C. Reg. No: _____ Expiration: _____

Architect/Engineer: _____ Cell No: _____

Address: _____ Phone No: _____

Zip Code: _____ Email: _____

Debris Disposal Facility as approved by Brookline DPW: _____

DIGSAFE Case No _____

"By signing this application I do hereby certify that I am the owner of record of the above captioned property and I have authorized the work described in this application. I hereby authorize the people named in this application to act as my agents in matters concerning this described work. I hereby certify under the pains and penalties of perjury that all statements made herein are true and accurate."

Property Owner's Signature: _____ Date: _____

Property Owner's Name (please print) School Committee Secretary Page Attached

Agent/Const. Super. Signature: _____ Date: _____

Agent/Const. Super. Name (please print) _____

School Committee Signature Page for Preservation Commission Application for Demolition Certificate

School Committee
