



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 _____

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 _____

CONTACT NAME _____ RELATIONSHIP TO PROPERTY _____

MAILING ADDRESS _____ ZIP _____

PHONE _____ EMAIL _____

PROPERTY OWNER _____ CONTACT NAME _____

MAILING ADDRESS _____ ZIP _____

PHONE _____ EMAIL _____

ARCHITECT _____ CONTACT NAME _____

MAILING ADDRESS _____ ZIP _____

PHONE _____ EMAIL _____

CONTRACTOR _____ CONTACT NAME _____

MAILING ADDRESS _____ ZIP _____

PHONE _____ EMAIL _____

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.

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 Guy Grassi _____ 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)

11th floor metal wall panel color to be changed from a buff brick color that was approved, to a color to match the existing metal bay panels.



EAST ELEVATION
 $\frac{3}{16}'' = 1'-0''$

EAST COLOR ELEVATION

29 COMMONWEALTH AVE.
 BOSTON, MASSACHUSETTS

JOB NO:	1610
SCALE:	$\frac{3}{16}'' = 1'-0''$
DATE:	06.06.17
REVISIONS:	

GD GRASSI DESIGN GROUP
BG BEAUCHEMIN GRASSI INTERIORS

46 Waltham Street, Suite 3A
 Boston, MA 02118
 Phone: 617-956-9992
 Fax: 617-956-9993



11th floor metal wall panel color to be changed from a buff brick color that was approved, to a color to match the existing metal bay panels.

SOUTH ELEVATION
SCALE: 3/16" = 1'-0"

NORTH ELEVATION
SCALE: 3/16" = 1'-0"

NORTH AND SOUTH
COLOR ELEVATION

29 COMMONWEALTH AVE.
BOSTON, MASSACHUSETTS

JOB NO:	1610
SCALE:	3/16" = 1'-0"
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REVISIONS:	



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Paint Sample View from Comm. Ave.

