



# City of Malden

Massachusetts

## MALDEN HISTORICAL COMMISSION

INSPECTIONAL SERVICES  
215 Pleasant Street, 3rd Floor  
Malden, Massachusetts 02148  
(781) 397-7000 ext. 2044

### **Notice of Intent to Demolish or Alter a Building**

#### **Application for Review by the Historical Commission**

*Pursuant to City of Malden Demolition and Alteration Delay Ordinance*

#### **Property Information**

Property Address: \_\_\_\_\_ Ward: \_\_\_\_\_

Assessor's Parcel Identification # \_\_\_\_\_

Listed on Massachusetts Historical Commission Inventory (*please circle one*): Yes No

*If yes, provide MHC#: MAL\_\_\_\_\_*

Listed on List of Significant Buildings (*please circle one*): Yes No

Current Purpose of structure (*residence, business, etc.*) \_\_\_\_\_

Type of Construction (wood, masonry, other) \_\_\_\_\_

Year of Construction \_\_\_\_\_ Architectural Style \_\_\_\_\_

Approx. Footprint \_\_\_\_\_ Height/Stories \_\_\_\_\_

#### **Demolition or Alteration Plan**

Type of work (*please circle one*): Demolition Alteration

Level of demolition/alteration (*please circle one*): Partial Total

Approximate time frame for completion after Demolition/Alteration Permit has been issued: \_\_\_\_\_

Briefly describe proposed work. If demolition/alteration is part of a building, provide a brief description of portion to be demolished/alterated, including nature and size of proposed demolition/alteration:  
\_\_\_\_\_

Reason for demolition or alteration: \_\_\_\_\_

Describe replacement or proposed reuse: \_\_\_\_\_  
\_\_\_\_\_

#### **Contact Information**

Name of Owner (Property Owner of Record): \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Applicant (if not Owner): \_\_\_\_\_

Relationship to Owner (i.e., contractor, architect): \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

*Note: It is in the applicant's interest to attend the review meeting to answer any questions or discuss any commentary that may arise out of its application.*

## **Required Documentation**

Please check off documentation attached. All documents may be no larger than 11"x17."

***Failure to provide complete/accurate documentation will cause a delay in the review process and may result in a rejected Application.***

1. **Proof of Ownership** deed, property tax assessment.
  2. **Written Authorization to Act** (if Applicant is not Owner)
  3. **Information about the Building** that includes:
    - Narrative description of Building
    - Photos - of all sides of the Building, current (with dates), in color, 3 x 5 inches in size or larger
    - site/plot plan - showing the property boundaries and Building's footprint
    - map - showing the location of the Building, surrounding properties and streets
    - Historical narrative\* that includes:
      - Names of all prior owners
      - Information about prior owners
      - For commercial buildings, names of all prior business occupants
      - Original use of building
      - Prior uses of building
      - Name of architect (if available)
      - Older photographs of building
- \*Cite source(s) of information, i.e., Malden Public Library, Registry of Deeds, Building/City records, state offices, other.
4. **Information about the proposed reuse of the property and/or reconstruction or replacement of the Building** that includes:
    - Narrative description
    - Site Plan
    - Building Elevations plans (if new building is proposed)

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## **SIGNATURE and ACKNOWLEDGMENT**

By signing this application, I hereby acknowledge that I have received a copy of and read the City of Malden Demolition and Alteration Delay Ordinance. Furthermore, I understand that the Malden Historical Commission is empowered by the Code of the City of Malden, Title 3, and Massachusetts General Laws, Chapter 40C, to implement this Ordinance and govern this work. To the best of my knowledge, the information contained in this application is accurate and complete.

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Signature of Owner/Applicant

PRINT NAME

Date

***For Commission Use Only***

**Date Received:** \_\_\_\_\_ **Received by:** \_\_\_\_\_

**Application Review Date:** \_\_\_\_\_

**Determination of Significance:** \_\_\_\_\_

**Vote:** \_\_\_\_\_

**Written Determination Filed with Building Commissioner:** \_\_\_\_\_

**Emergency Demolition? Yes [ ] No [ ] If yes, date approved** \_\_\_\_\_

*Note: Demolition may not commence until successful Commission sign-off or expiration of delay.*