



McLean HOSPITAL
HARVARD MEDICAL SCHOOL AFFILIATE



HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

November 1, 2022

Town of Belmont
Historic District Commission
Homer Municipal Building
19 Moore Street
2nd Floor
Belmont, MA 02478

To Whom It May Concern:

RE. Brief Description of Appleton Chimney repair at Mclean Hospital

Due to the deterioration of the mortar on the chimneys at Appleton House the following repairs will have to take place. This issue has become a safety concern that must be addressed

The top layers of brick that are compromised because of the mortar will be removed. The bricks will then be cleaned so that they can be reused.

The chimneys will be rebuilt with the clean bricks that have been cleaned as no existing bricks will be replaced.

All chimneys on the building will be inspected and repaired as needed.

Please see attachment for repair details.

Thank you

Andy Healy

115 Mill Street, Belmont, MA 02478-1064
T: 617.855.2000 F: 617.855.3299

www.mcleanhospital.org



McLean Hospital is a member of Partners HealthCare.



Town Belmont
Historic District Commission
Homer Municipal Building, 2nd Floor
19 Moore Street
Belmont, MA 02478

OFFICE USE

Case Number: HDC -

APPLICATION

In accordance with the Historic Districts Act, MGL Ch 40C, and the Town of Belmont General Bylaws, §40-315, the undersigned applies to the Belmont Historic District Commission for a Certificate of:

☒ Appropriateness

☐ Non-Applicability

☐ Hardship

1. PRELIMINARY INFORMATION:

Address of Property: 115 Mill street

Property Owner's Name: McLean Hospital

Address: 115 Mill Street

Email: jakeller@partners.org

Phone: 617-855-2633

Agent Name: Jim Keller

Address: 115 Mill Street

Email: jakeller@partners.org

Phone: 617-855-2633

I am the : Property Owner x Agent

x Property is Owned by a Corporation, LLC, or Trust (Submit authorization to sign as owner)

Property is a Condominium or Cooperative Association (submit authorization to sign as trustee)

If applicable: Architect: _____ Contractor: _____

2. BRIEF DESCRIPTION OF PROPOSED WORK:

Loose bricks on the upper rows of chimneys, due to the deterioration of the pointing,

Remove loose top rows as needed, clean bricks and rebuild. No existing bricks will be replaced

All chimneys will then be inspected and repointed.

3. SIGNATURES:

As Owner, I make the following representations:

- I hereby certify that I am the Owner of the Property at: _____
- I hereby certify that if an Agent is listed on this Application, this Agent has been authorized to represent this Application before the Belmont Historic District Commission.

Owner: _____

Date: _____

As Applicant/Agent, I make the following representations:

- The information supplied on and in this Application is accurate to the best of my knowledge;
- I will make no changes to the approved plans without prior approval from the Belmont Historic District Commission.

Applicant/Agent: James G. Keller

Date: 10/31/22

* Incomplete applications and Insufficient documentation will not be accepted. *

Certificates of Appropriateness expire one (1) year from the date of issue

Approved August 10, 2021



