



**HISTORIC PRESERVATION CERTIFICATION APPLICATION  
NATIONAL PARK SERVICE  
CONDITIONS**

TOWN CLERK, ROCKLAND  
FEB 15 '22 PM 1:14

Historic Property Name Holy Family School Project Number 43847

Property Address, City, State 6 Delprete Ave. Rockland MA

(Part 2, as revised by Amendments 1 & 2)

The rehabilitation of this property as described in the Historic Preservation Certification Application will meet the Secretary of the Interior's Standards for Rehabilitation provided that the following condition(s) is/are met:

- 1. Windows** – The 6 new window openings as proposed, do not meet the Standards as they change the fenestration pattern on a highly visible and character-defining elevation.
- 2. Rooftop Equipment Screening**– The proposed color of the screening for the ERV unit does not meet the Standards. Both ERV units on the roof must be screened and that screening must be a neutral color (possibly gray) not canyon red.
- 3. Canopy** – The proposed replacement canopy on the north elevation does not meet the standards as it projects forward too much and is too tall. It also has too many architectural features (brick column bases and brick wingwalls). A canopy more compatible with the character of the building must be selected. A possible way to meet this condition is to use the existing canopy on the west elevation as inspiration with its smaller size and simple square columns. In order to ensure the proposed canopy meets the Standards, detailed dimensioned drawings showing the size, placement, materials, finish, and anchoring assembly, must be submitted for review and approval prior to installation.
- 4. Metal Wall Panels** – The use of a metal modular panel wall system around the exterior entrance on the north elevation is not compatible with the building and does not meet the standards and must not be installed.
- 5. Bedroom Walls** – In concept, the proposed treatment of the bedroom walls seems compatible. The glazing should have no muntins, and minimal mullions and/or framing members. To ensure compliance with the Standards, fully dimensioned shop drawings of the wall assembly in elevation and section, must be submitted, reviewed, and approved by the SHPO and NPS prior to ordering.

Photographs documenting that the conditions have been met must be submitted with the Request for Certification of Completed Work.

Any substantive change in the work as described in the application should be brought to the attention of the applicable State Historic Preservation Office (SHPO) and the National Park Service (NPS) in writing, using the Amendment/Advisory Determination form, prior to execution to ensure that the proposed project continues to meet the Standards.

The National Park Service has determined that this project will meet the Secretary of the Interior Standards for Rehabilitation if the condition(s) listed above are met.

2/2/2022

Date

Amanda R. Apple, National Park Service Signature

HISTORIC PRESERVATION CERTIFICATION APPLICATION  
PART 2 - DESCRIPTION OF REHABILITATION

RECEIVED

MAY 28 2021



MASS. HIST. COMM

Instructions: This page must bear the applicant's original signature and must be dated. The National Park Service certification decision is based on the descriptions in this application form. In the event of any discrepancy between the application form and other, supplementary material submitted with it (such as architectural plans, drawings and specifications), the application form takes precedence. A copy of this form will be provided to the Internal Revenue Service.

NPS Project Number  
43847

1. Historic Property Name Holy Family School

Street 6 Delprete Avenue

City Rockland County Plymouth State MA Zip 02370-171

Name of Historic District or National Register property Holy Family Church

Listed individually in the National Register of Historic Places; date of listing \_\_\_\_\_

Located in a Registered Historic District; name of district \_\_\_\_\_

Part 1 - Evaluation of Significance submitted? Date submitted Concurrently Date of certification \_\_\_\_\_

2. Project Data (for phased projects, data entered in this section must be totals for entire project)

Date of building 05/13/1964 Estimated total rehabilitation costs (QRE) \$7,767,992

Number of buildings in project 1 Floor area before / after rehabilitation 29,904 / 29,904 sq ft

Start date (estimated) 09/01/2021 Use(s) before / after rehabilitation Vacant / Residenti

Completion date (estimated) 09/01/2022 Number of housing units before / after rehabilitation 0 / 27

Application includes phase(s) 1 of 1 phases Number of low-moderate income housing units before / after rehabilitation 27 / 27

Intend to elect IRS 60-month phased rehabilitation

3. Project Contact (if different from applicant)

Name Geoffrey Melhuish Company Epsilon Associates, Inc

Street 3 Mill and Main Place, Suite 250 City Maynard State MA

Zip 01753 Telephone (978) 461-6224 Email Address gmelhuish@epsilonassociates.com

4. Applicant

I hereby attest that the information I have provided is, to the best of my knowledge, correct. I further attest that [check one or both boxes, as applicable]:

I am the owner of the above-described property within the meaning of "owner" set forth in 36 CFR § 67.2 (2011), and/or

if I am not the fee simple owner of the above described property, the fee simple owner is aware of the action I am taking relative to this application and has no objection, as noted in a written statement from the owner, a copy of which (i) either is attached to this application form and incorporated herein, or has been previously submitted, and (ii) meets the requirements of 36 CFR § 67.3(a)(1) (2011).

For purposes of this attestation, the singular shall include the plural wherever appropriate. I understand that knowing and willful falsification of factual representations in this application may subject me to fines and imprisonment under 18 U.S.C. § 1001, which, under certain circumstances, provides for imprisonment of up to 8 years.

Name William Connolly Signature (Sign in ink) William M Connolly Date 4/27/21

Applicant Entity Connolly and Partners, LLC SSN \_\_\_\_\_ or TIN 20-2000473

Street 439 Washington Street City Braintree State MA

Zip 02184 Telephone (617) 523-8600 Email Address wconnolly@connollyllc.com

Applicant, SSN, or TIN has changed since previously submitted application.

NPS Official Use Only

*as revised by amendments #1 + #2*

The National Park Service has reviewed the Historic Preservation Certification Application - Part 2 for the above-named property and has determined that:

the rehabilitation described herein is consistent with the historic character of the property and, where applicable, with the district in which it is located and that the project meets the Secretary of the Interior's Standards for Rehabilitation. This letter is a preliminary determination only, since a formal certification of rehabilitation can be issued only to the owner of a "certified historic structure" after rehabilitation work is complete.

the rehabilitation or proposed rehabilitation will meet the Secretary of the Interior's Standards for Rehabilitation if the attached conditions are met.

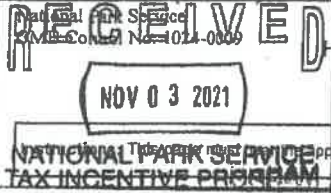
the rehabilitation described herein is not consistent with the historic character of the property or the district in which it is located and that the project does not meet the Secretary of the Interior's Standards for Rehabilitation.

2/2/2022  
Date

Andrew Z. Fole  
National Park Service Authorized Signature (Sign in ink)



NPS conditions or comments attached



HISTORIC PRESERVATION CERTIFICATION APPLICATION AMENDMENT / ADVISORY DETERMINATION



NATIONAL PARK SERVICE Tax Incentive Program Applicant's original signature and must be dated. NPS Project Number 43847

1. Historic Property Name Holy Family School Street 6 Delprete Avenue City Rockland County Plymouth State MA Zip 02370-1712

2. This form [X] includes additional information requested by NPS for an application currently on hold. [ ] updates applicant or contact information. [X] amends a previously submitted [ ] Part 1 [X] Part 2 [ ] Part 3 application. [ ] requests an advisory determination that the completed phase \_\_\_ of \_\_\_ phases of this rehabilitation meets the Secretary of the Interior's Standards for Rehabilitation. Phase completion date \_\_\_ Estimated rehabilitation costs of phase (QRE) \_\_\_

Summarize information here; continue on following page if necessary.

This Part 2 HPCA amendment (#1) is submitted in response to the comments received from MHC in the letter dated August 17, 2021. Please see the attached plans, narrative and supporting documentation for the items identified in the letter.

3. Project Contact (if different from applicant) Name Douglas Kelleher Company Epsilon Associates, Inc Street 3 Mill and Main Place, Suite 250 City Maynard State MA Zip 01753 Telephone (978) 461-6259 Email Address dkelleher@epsilonassociates.com

4. Applicant I hereby attest that the information I have provided is, to the best of my knowledge, correct. I further attest that (check one or both boxes, as applicable): [X] I am the owner of the above-described property within the meaning of "owner" set forth in 36 CFR § 67.2 (2011), and/or [ ] if I am not the fee simple owner of the above described property, the fee simple owner is aware of the action I am taking relative to this application and has no objection, as noted in a written statement from the owner, a copy of which (i) either is attached to this application form and incorporated herein, or has been previously submitted, and (ii) meets the requirements of 36 CFR § 67.3(a)(1) (2011). For purposes of this attestation, the singular shall include the plural wherever appropriate. I understand that knowing and willful falsification of factual representations in this application may subject me to fines and imprisonment under 18 U.S.C. § 1001, which, under certain circumstances, provides for imprisonment of up to 5 years. Name William Connolly Applicant Entity Connolly and Partners, LLC SSN [redacted] or TIN 20-2000473 Street 439 Washington Street City Braintree State MA Zip 02184 Telephone (617) 523-8600 Email Address wconnolly@connollyllc.com [ ] Applicant, SSN, or TIN has changed since previously submitted application.

NPS Official Use Only

as revised by amendment #2

The National Park Service has reviewed this amendment to the Historic Preservation Certification Application and has determined that the amendment:

- [ ] meets the Secretary of the Interior's Standards for Rehabilitation.
[X] will meet the Secretary of the Interior's Standard for Rehabilitation if the attached conditions are met.
[ ] does not meet the Secretary of the Interior's Standards for Rehabilitation.
[ ] updates the information on file and does not affect the certification.

Advisory Determinations:

[ ] The National Park Service has determined that the work completed in this phase is consistent with the Secretary of the Interior's Standards for Rehabilitation. This determination is advisory only. A formal certification of rehabilitation can be issued only after all rehabilitation work and any associated site work or new construction have been completed. This approval could be superseded if it is found that the overall rehabilitation does not meet the Secretary's Standards. A copy of this form will be provided to the Internal Revenue Service.

2/2/2022 Date

[Signature] National Park Service Authorized Signature (Sign in ink)

[X] NPS conditions or comments attached



### HISTORIC PRESERVATION CERTIFICATION APPLICATION AMENDMENT / ADVISORY DETERMINATION

|   |                                    |
|---|------------------------------------|
| Instructions: This page must bear the applicant's original signature and must be dated. | NPS Project Number<br><b>43847</b> |
|---|------------------------------------|

1. **Historic Property Name** Holy Family School  
**Street** 6 Delprete Avenue  
**City** Rockland **County** Plymouth **State** MA **Zip** 02370-1712

2. **This form**  includes additional information requested by NPS for an application currently on hold.  
 updates applicant or contact information.  
 amends a previously submitted  Part 1  Part 2  Part 3 application.  
 requests an advisory determination that the completed phase        of        phases of this rehabilitation meets the Secretary of the Interior's Standards for Rehabilitation. Phase completion date        Estimated rehabilitation costs of phase (QRE)       

Summarize information here; continue on following page if necessary.  
 This Part 2 HPCA amendment (#2) is submitted in response to the comments received from MHC in the letter dated December 30, 2021. Please see the attached plans, narrative and supporting documentation for the items identified in the letter.

3. **Project Contact** (if different from applicant)  
**Name** Elizabeth W. Rochefort **Company** Epsilon Associates, Inc **City**         
**Street** 3 Mill and Main Place, Suite 250 **Maynard** **State** MA  
**Zip** 01753 **Telephone** (978) 461-6224 **Email Address** erochefort@epsilonassociates.com

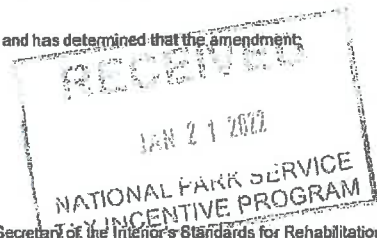
4. **Applicant**  
 I hereby attest that the information I have provided is, to the best of my knowledge, correct. I further attest that [check one or both boxes, as applicable]:  
 I am the owner of the above-described property within the meaning of "owner" set forth in 36 CFR § 67.2 (2011), and/or  
 if I am not the fee simple owner of the above described property, the fee simple owner is aware of the action I am taking relative to this application and has no objection, as noted in a written statement from the owner, a copy of which (i) either is attached to this application form and incorporated herein, or has been previously submitted, and (ii) meets the requirements of 36 CFR § 67.3(a)(1) (2011).  
 For purposes of this attestation, the singular shall include the plural wherever appropriate. I understand that knowing and wilful falsification of factual representations in this application may subject me to fines and imprisonment under 18 U.S.C. § 1001, which, under certain circumstances, provides for imprisonment of up to 8 years.  
**Name** William Connolly **Signature (Sign in ink)** William A. Connolly **Date** 1/13/2022  
**Applicant Entity** Connolly and Partners, LLC **SSN**        or **TIN** 20-2000473  
**Street** 439 Washington Street **City** Braintree **State** MA  
**Zip** 02184 **Telephone** (617) 523-8600 **Email Address** wconnolly@connollyllc.com  
 Applicant, SSN, or TIN has changed since previously submitted application.

**NPS Official Use Only**

The National Park Service has reviewed this amendment to the Historic Preservation Certification Application and has determined that the amendment:  
 meets the Secretary of the Interior's Standards for Rehabilitation.  
 will meet the Secretary of the Interior's Standard for Rehabilitation if the attached conditions are met.  
 does not meet the Secretary of the Interior's Standards for Rehabilitation.  
 updates the information on file and does not affect the certification.

**Advisory Determinations:**

The National Park Service has determined that the work completed in this phase is consistent with the Secretary of the Interior's Standards for Rehabilitation. This determination is advisory only. A formal certification of rehabilitation can be issued only after all rehabilitation work and any associated site work or new construction have been completed. This approval could be superseded if it is found that the overall rehabilitation does not meet the Secretary's Standards. A copy of this form will be provided to the Internal Revenue Service.



2/2/2022  
Date

[Signature]  
National Park Service Authorized Signature (Sign in ink)

NPS conditions or comments attached