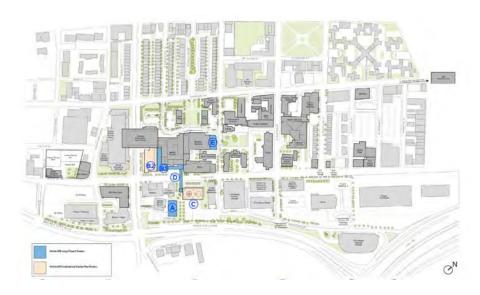
Institutional Master Plan Notification Form / Project Notification Form

BOSTON UNIVERSITY MEDICAL CENTER

June 7, 2013



SUBMITTED TO:

BOSTON REDEVELOPMENT AUTHORITY ONE CITY HALL SQUARE BOSTON, MA 02201

SUBMITTED PURSUANT TO ARTICLE 80D OF THE BOSTON ZONING CODE

SUBMITTED BY:

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