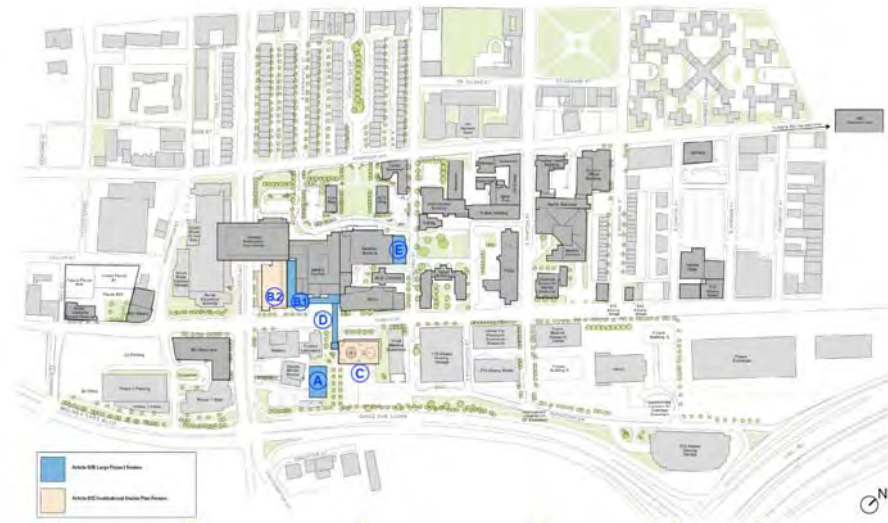


INSTITUTIONAL MASTER PLAN NOTIFICATION FORM / PROJECT NOTIFICATION FORM

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

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