



Department of Economic and
Community Development

State Historic Preservation Office

CONNECTICUT HISTORIC HOMES REHABILITATION TAX CREDIT PROGRAM

PART 2 APPLICATION: REQUEST FOR CERTIFICATION OF PROPOSED REHABILITATION WORK

1. BUILDING DATA

Address: Street _____
Town _____ State _____ Zip _____

Has a Part 1 application (Request for Historic Property Determination) been submitted? yes no

If yes, date Part 1 submitted _____ Date approved _____

Project # _____

2. OWNER

Name _____

Organization _____

Address: Street _____
Town _____ State _____ Zip _____

Telephone # _____ e-mail _____

FEIN, CT Tax Registration #, or Social Security Number _____

Check one:

- Non-profit housing corporation documentation attached (check one):
 - copy of certificate of incorporation
 - copy of certification letter as Community Housing Development Organization (CHDO)
 - other data, specify: _____
- Non-profit housing corporation documentation previously filed.
- Non-profit housing corporation documentation does not apply

3. DATA ON REHABILITATION PROJECT

a. Project start date (est.) _____ Project completion date (est.) _____

b. Estimated total qualified rehabilitation expenditures _____

c. Number of residential units: existing _____
total proposed _____ owner occupied _____ rental _____

d. Attachments:

- Budget documentation
- Architectural Drawings
- Photographs
- Specifications
- Other data, specify: _____

4. OWNER CERTIFICATION

I hereby attest that I am the owner of the building described above and that the information I have provided is, to the best of my knowledge, correct. I understand that falsification of factual representations in the application may be subject to legal sanctions.

Signature of Owner _____ Date _____

OFFICE USE ONLY

The State Historic Preservation Office has reviewed the Part 2 application, "Request for Certification of Proposed Rehabilitation Work," for the above-listed historic property and has determined that:

- The proposed rehabilitation work described herein meets the Standards for Rehabilitation. This is a preliminary determination only, since final certification of rehabilitation work can be issued to the owner of an "historic property" only after rehabilitation work is completed.
- The proposed rehabilitation work described herein does not meet the Standards for Rehabilitation. Comments attached.

Authorized signature _____ Date _____

SHPO Project # _____

5. DESCRIPTION OF PROPOSED REHABILITATION WORK
Also include new construction and work to outbuildings.

Number 1

Existing building feature _____ original altered c. _____

Description and Condition:

Proposed rehabilitation work:

Photo nos. _____ Drawing no. _____

Number 2

Existing building feature _____ original altered c. _____

Description and Condition:

Proposed rehabilitation work:

Photo nos. _____ Drawing no. _____

Number 3

Existing building feature _____ original altered c. _____

Description and Condition:

Proposed rehabilitation work:

Photo nos. _____ Drawing no. _____

Building Address:

Number 4

Existing building feature _____ original altered c. _____

Description and Condition:

Proposed rehabilitation work:

Photo nos. _____ Drawing no. _____

Number 5

Existing building feature _____ original altered c. _____

Description and Condition:

Proposed rehabilitation work:

Photo nos. _____ Drawing no. _____

Number 6

Existing building feature _____ original altered c. _____

Description and Condition:

Proposed rehabilitation work:

Photo nos. _____ Drawing no. _____

Building Address: _____

Number 7

Existing building feature _____ original altered c. _____

Description and Condition:

Proposed rehabilitation work:

Photo nos. _____ Drawing no. _____

Number 8

Existing building feature _____ original altered c. _____

Description and Condition:

Proposed rehabilitation work:

Photo nos. _____ Drawing no. _____

Number 9

Existing building feature _____ original altered c. _____

Description and Condition:

Proposed rehabilitation work:

Photo nos. _____ Drawing no. _____