



Department of Economic and  
Community Development

State Historic Preservation Office

CONNECTICUT HISTORIC REHABILITATION TAX CREDIT (C.G.S. §10-416c)

PART 5 APPLICATION: REQUEST FOR ISSUANCE OF TAX CREDIT VOUCHER

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1. BUILDING DATA

a. Building Name \_\_\_\_\_

Address: Street \_\_\_\_\_ Town \_\_\_\_\_ Zip: \_\_\_\_\_

b. SHPO Project # \_\_\_\_\_

c. Approval Date, Part 4 application (Request for Final Certification of Completed Rehab.) \_\_\_\_\_

d. Attachments

Copy of SHPO approval of Part 4 application

Copy of Reservation Certificate

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2. OWNER INFORMATION

a. Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Business Entity \_\_\_\_\_

Address: Street \_\_\_\_\_

Town \_\_\_\_\_

State: \_\_\_\_\_

Zip \_\_\_\_\_

Telephone # \_\_\_\_\_

Email address \_\_\_\_\_

b. Owner Name \_\_\_\_\_

Title \_\_\_\_\_

Business Entity \_\_\_\_\_

Address: Street \_\_\_\_\_

Town \_\_\_\_\_

State: \_\_\_\_\_

Zip \_\_\_\_\_

Telephone # \_\_\_\_\_

Email address \_\_\_\_\_

Taxpayer SSN, FEIN or Tax Identification Number \_\_\_\_\_

c. Attachments

Certificate of Title or Title Insurance Policy

Certificate of Legal Existence

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3. REHABILITATION PROJECT DATA

a. This application covers:

entire certified historic structure      or       phase \_\_\_\_\_ of \_\_\_\_\_ phases

For phase projects only: Previous Voucher #(s)      \_\_\_\_\_      Date Issued      \_\_\_\_\_

b. Qualified rehabilitation expenditures      \_\_\_\_\_

c. Amount of Tax Credit Requested: 25% of Line b \_\_\_\_\_  
or      30% of Line b \_\_\_\_\_

d. Attachments

Certification of Costs

Attachment 5A: Schedule of Values - Incurred Costs

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4. ASSIGNMENT OF TAX CREDIT VOUCHER

Check as applicable:

I hereby request that the tax credit voucher for the above-listed historic property be assigned to the individual named as the owner of record in item #2.

I hereby request that the tax credit voucher be issued in the name of the business entity named as the owner of record in item #2.

I hereby request that the tax credit voucher for the above-listed historic property be assigned to one or more contributing taxpayers named below:

Name of Corporation \_\_\_\_\_

Address: Street \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_

Taxpayer FEIN or CT Tax Registration Number \_\_\_\_\_

Percentage (or dollar value) of total tax credit \_\_\_\_\_

Name of Corporation \_\_\_\_\_

Address: Street \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_

Taxpayer FEIN or CT Tax Registration Number \_\_\_\_\_

Percentage (or dollar value) of total tax credit \_\_\_\_\_

Name of Corporation \_\_\_\_\_

Address: Street \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_

Taxpayer FEIN or CT Tax Registration Number \_\_\_\_\_

Percentage (or dollar value) of total tax credit \_\_\_\_\_

I hereby request that the tax credit voucher for the above-listed property be assigned to one or more multiple owners named below:

Name of individual or business entity \_\_\_\_\_

Address: Street \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_

Taxpayer SS, FEIN or CT Tax Registration Number \_\_\_\_\_

Percentage (or dollar value) of total tax credit \_\_\_\_\_

Name of individual or business entity \_\_\_\_\_

Address: Street \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_

Taxpayer SS, FEIN or CT Tax Registration Number \_\_\_\_\_

Percentage (or dollar value) of total tax credit \_\_\_\_\_

Name of individual or business entity \_\_\_\_\_

Address: Street \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_

Taxpayer SS, FEIN or CT Tax Registration Number \_\_\_\_\_

Percentage (or dollar value) of total tax credit \_\_\_\_\_

Additional pages attached.

5. OWNER CERTIFICATION

I hereby attest that I am the owner or authorized agent of the owner of the above-listed building 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 \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Attachment

Statement of Authorization to Apply

**FOR OFFICE USE ONLY**

Tax credit voucher # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date of issuance \_\_\_\_\_

Tax credit voucher # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date of issuance \_\_\_\_\_

Tax credit voucher # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date of issuance \_\_\_\_\_

**ATTACHMENT 5A: SCHEDULE OF VALUES – COSTS INCURRED**

1	2	3	4	5	6	7 <sup>1</sup>
LINE	DIV	DIV/TRADE ITEM	INELIGIBLE	ELIGIBLE	Costs incurred prior to Part 2 approval	TOTAL EXPENSE
1	2	SITE TESTING/HAZARDOUS MATERIALS				
2	2	ENVIRONMENTAL REMEDIATION: SITE				
3	2	ENVIRONMENTAL REMEDIATION: CERTIFIED HISTORIC STRUCTURE <sup>2</sup>				
4	2	SITE GRADING & EXCAVATION <sup>3</sup>				
5	2	OTHER SITE WORK <sup>4</sup> specify _____ _____ _____				
6	2	LANDSCAPING <sup>5</sup>				
7	2	SURFACE PARKING, ROADS AND WALKWAYS				
8	2	GARAGES/ STRUCTURED PARKING FACILITY				
9	2	DEMOLITION: SEPARATE BUILDINGS AND/OR STRUCTURES				
10	2	DEMOLITION: GENERAL <sup>6</sup>				
11	2	DEMOLITION: SELECTIVE <sup>7</sup>				
12	2	SITE UTILITIES				
13	3	NEW CONCRETE <sup>8</sup>				
14	3	CONCRETE REPAIRS				
15	4	MASONRY NEW, REPAIR and REPOINTING				
16	4	CONCRETE/MASONRY CLEANING:				
17	5	METALS				
18	6	ROUGH CARPENTRY				
19	6	FINISH CARPENTRY				
20	7	MOISTURE PROTECTION				
21	7	INSULATION				
22	7	ROOFING				

<sup>1</sup> Any costs for which payment has been made prior to the date of approval of the state Part 2 application, Request for Approval of Proposed rehabilitation Plan, Form ITC 300-a, are not considered eligible.

<sup>2</sup> Includes abatement of hazardous materials, termite control, or mold

<sup>3</sup> Eligible work only if in conjunction with approved addition for building or life-safety code

<sup>4</sup> Includes hydrology systems and retaining walls

<sup>5</sup> Includes lawns, plantings, and fencing

<sup>6</sup> Includes all work to a certified historic structure required to remove deteriorated materials

<sup>7</sup> Includes only costs associated with approved removal of sections of the building owing to documented structural failure or for the purpose of new construction to recreate documented historic appearance

<sup>8</sup> Line items Nos. 13 through 17 refer only to work to the certified historic structure

LINE	DIV	DIV/TRADE ITEM	INELIGIBLE	ELIGIBLE	Costs incurred prior to Part 2 approval	TOTAL EXPENSE
23	7	SHEET METAL				
24	7	SIDING (INCLUDES REMOVAL OF NON-HISTORIC, REPAIR, REPLACEMENT)				
25	8	DOORS AND HARDWARE				
26	8	WINDOWS AND GLAZING				
27	9	ACOUSTICAL TILE				
28	9	DRYWALL				
29	9	CERAMIC TILE				
30	9	WOOD FLOORING				
31	9	RESILIENT FLOORING				
32	9	CARPETING				
33	9	PAINTING (INTERIOR AND EXTERIOR)				
34	10	SPECIALTIES				
35	11	CABINETS & VANITIES				
36	11	APPLIANCES				
37	12	BLINDS, SHADES, AND ARTWORK				
38	13	SPECIAL CONSTRUCTION: SEPARATE NEW BUILDINGS				
39	13	ADDITION: NON-CODE REQUIRED				
40	13	ADDITION: CODE REQUIRED				
41	13	ADDITION: HANDICAPPED ACCESS				
42	13	NEW CONSTRUCTION: RECONSTRUCTION				
43	15	ELEVATORS				
44	15	PLUMBING				
45	15	HVAC				
46	15	FIRE SUPPRESSION				
47	16	ELECTRICAL (BUILDING ONLY)				
48		RENTAL EQUIPMENT, specify: <sup>9</sup> _____ _____ _____		_____ _____ _____		_____ _____ _____
49		GREEN ROOFS				

<sup>9</sup> Includes dumpsters, scaffolding etc.

Line	DIV	DIV/TRADE ITEM	INELIGIBLE	ELIGIBLE	Costs Incurred Prior to Part 2 Approval	TOTAL EXPENSE
50	N/A	TOTAL STRUCTURE AND LAND IMPROVEMENTS Column 7				
51	N/A	PERMITS AND FEES				
52	N/A	CONTRACTOR BOND PREMIUM				
53	N/S	TOTAL CONSTRUCTION COSTS Sum of LINES 50-52				
54	N/A	TOTAL INELIGIBLE COSTS: Column 4				
55	N/A	TOTAL ELIGIBLE COSTS: Column 5				
56	N/A	TOTAL COSTS INCURRED PRIOR TO PART 2 APPROVAL: Column 6				
57	N/A	GENERAL REQUIREMENTS and BUILDER'S OVERHEAD AND PROFIT: Not to exceed 15% of LINE 55				
58	N/A	<b>TOTAL QUALIFIED REHABILITATION EXPENDITURES</b> Sum of LINES 55 and 57				