

HISTORIC REHABILITATION TAX CREDIT APPLICATION
PART 2 – REQUEST FOR APPROVAL OF PROPOSED REHABILITATION PLAN

Instructions: This page must bear the applicant's original signature and must be dated. The CT SHPO's determination 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.

1. Property Name _____ **SHPO Project Number** _____

Street _____

City _____ State _____ Zip _____

Individually listed on the State or National Register, date of listing _____

Part 1 application submitted, date of application _____ Date of approval _____

2. Project Data

Date of building _____ Estimated Rehabilitation Costs (QREs) _____

Number of buildings in project _____ Floor area before/after _____ / _____

Square footage residential/nonresidential _____ / _____ Est. start date _____

Estimated Project Completion Date: _____ Number of phases _____

Will the proposed rehabilitation apply to the federal historic tax incentives program? Yes No

Will the proposed rehabilitation result in the displacement of households or businesses? (if yes, please complete Form A)

3. Housing data

Number of residential units before/after rehabilitation _____ / _____

Number of low to moderate income units before/after rehabilitation _____ / _____

For Affordable Housing Projects Only

Median Household Income _____

Unit Type	Number of Unit Type	Proposed Rent	Proposed Sale Price

4. Project Contact (if different from applicant)

Name _____ Company _____

Street _____ City _____ State _____

Zip _____ Telephone _____ Email Address _____

5. Applicant

I HEREBY ATTEST THAT I AM THE OWNER OR AUTHORIZED AGENT OF 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.

Name _____ Signature _____ Date _____

Applicant Entity _____ SSN/TIN _____

Street _____ City _____ State _____

Zip _____ Telephone _____ Email Address _____

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Property Name _____ SHPO Project Number _____

Property Address _____

6. SIGNAGE AND ACKNOWLEDGEMENT FORM Complete and notarize the attached Signage and Acknowledgement Form.**SIGNAGE AND ACKNOWLEDGEMENT FORM****INSTRUCTIONS:** Complete all sections of the form. Submit to the SHPO with the Part 2 Application: Request for Approval of Proposed Rehabilitation Plan.**CERTIFICATION:**

I, the undersigned Owner, certify that (1) I am authorized to execute the attached application on behalf of the business entity named below and (2) I agree to the following terms as a condition of the approval of the Part 2 Application: Request for Approval of Proposed Rehabilitation Plan:

1. In any news release or printed material promoting rehabilitation of the subject property, the Applicant must give credit, prominently placed, to the Connecticut State Historic Preservation Office of the DECD by including the following statement and the DECD/SHPO logo: <<Subject Property>> received support for this project in part from the Historic Rehabilitation Tax Credit Program (C.G.S. §10416c) administered by the State Historic Preservation Office, Department of Economic and Community Development.
2. The SHPO will be consulted prior to scheduling public events such as a ribbon cutting or a ground breaking and will be afforded opportunity to provide remarks at such an event.
3. Applicant must erect and maintain a project sign at the project site. This sign must: be of reasonable and adequate design and construction to withstand weather exposure; be of a size that can be easily read from the public right-of-way; and be maintained in place throughout the project term. At a minimum the sign must contain the following statement: "Construction of the [name of property] is being supported in part by Historic Rehabilitation Tax Credit Program (C.G.S. §10-416c) administered by the CT State Historic Preservation Office, Department of Economic and Community Development." Photographs of the sign must be submitted to the SHPO at the start of the construction process.

OWNER NAME (PRINT) _____

OWNER SIGNATURE _____

BUSINESS ENTITY _____

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7. Detailed Description of Rehabilitation Work: copy this page to describe all work or create a comparable format with this information. Number items consecutively to describe all work, including building exterior and interior, additions, site work, landscaping, and new construction.

Number	Feature	Date of feature
Describe existing feature and its condition		
Photo numbers		Drawing numbers
Describe work and impact on feature		
Number	Feature	Date of feature
Describe existing feature and its condition		
Photo numbers		Drawing numbers
Describe work and impact on feature		