

HISTORIC REHABILITATION TAX CREDIT APPLICATION
PART 3 – REQUEST FOR PRELIMINARY CERTIFICATION AND RESERVATION OF TAX CREDITS

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 _____
 Part 2 application submitted, date of application _____ Date of approval _____

2. Estimated qualified rehabilitation expenditures
 Total structure and land improvement costs _____ Qualified rehabilitation expenditures (QREs) _____
 Amount of Tax Credit Requested: 25% of QREs _____ or 30% of QREs _____
 Complete Attachment 3A

3. Substantial rehabilitation test
 Assessed value of certified historic structure _____ 25% of assessed value _____

4. Documentation of Project Readiness
 Sources of Project Financing, Attachment 3B
 Compliance with local, state and federal regulatory land use and development requirements, Attachment 3C
 Code Compliance Requirements, Attachment 3D
 Conformance with DECD and SHPO mission, Attachment 3E

5. Project Contact (if different from applicant)
 Name _____ Company _____
 Street _____ City _____ State _____
 Zip _____ Telephone _____ Email Address _____

6. 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 _____

7. Attachments
 Certificate of Title
 Certificate of Legal Existence
 Letters of funding intent and/or commitment
 Pro Forma
 Construction schedule
 Department of Housing affordable housing certificate, if applicable
 Certified copy of one or more municipal resolutions
 Copy of one or more permits
 Certified copy of Certificate of Appropriateness
 Letter from federal agency or SHPO of compliance with historic preservation regulations under Section 106
 Certified copy of assessment from municipal land records office

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Property Name _____ SHPO Project # _____

Property Address _____

Attachment 3A: Schedule of values

1	2	3	4	5	6	7
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 ¹				
4	2	SITE GRADING & EXCAVATION ²				
5	2	OTHER SITE WORK ³ specify _____ _____ _____				
6	2	LANDSCAPING ⁴				
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 ⁵				
11	2	DEMOLITION: SELECTIVE ⁶				
12	2	SITE UTILITIES				
13	3	NEW CONCRETE ⁷				
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				

¹ Includes abatement of hazardous materials, termite control, or mold

² Eligible work only if in conjunction with approved addition for building or life-safety code

³ Includes hydrology systems and retaining walls

⁴ Includes lawns, plantings, and fencing

⁵ Includes all work to a certified historic structure required to remove deteriorated materials

⁶ 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

⁷ Line items Nos. 13 through 17 refer only to work to the certified historic structure

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LINE	DIV	DIV/TRADE ITEM	INELIGIBLE	ELIGIBLE	Cost incurred prior to Part 2 approval	TOTAL EXPENSE
20	7	MOISTURE PROTECTION				
21	7	INSULATION				
22	7	ROOFING				
23	7	SHEET METAL				
24	7	SIDING (INCLUDES REMOVAL OF NON-HISTORIC, REPAIR,				
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				

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47	16	ELECTRICAL (BUILDING ONLY)				
48		RENTAL EQUIPMENT, specify: 8 _____ _____ _____				
49		GREEN ROOFS				
50	N/A	TOTAL STRUCTURE AND LAND IMPROVEMENTS Column 7				
51	N/A	PERMITS AND FEES				
52	N/A	CONTRACTOR BOND PREMIUM				
53	N/A	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	TOTAL QUALIFIED REHABILITATION EXPENDITURES Sum of LINES 55 and 57				

FORM PREPARED FOR:

PROPERTY NAME: _____ SHPO PROJECT # _____
 OWNER NAME _____ BUSINESS ENTITY _____
 OWNER ADDRESS: STREET _____ TOWN _____ STATE _____ ZIP _____

SCHEDULE OF VALUES FORM (LINES 1-58, COLUMNS 4-7) PREPARED BY:

NAME _____ TITLE _____
 BUSINESS ORGANIZATION _____
 ADDRESS: STREET _____ TOWN _____ STATE _____ ZIP CODE _____
 TELEPHONE # _____ EMAIL _____ CT LICENSE # _____

I hereby certify that the information I have provided on construction costs is, to the best of my knowledge, correct.

SIGNED _____ DATE _____

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Attachment 3B: Sources of project financing, use Continuation Sheet, if necessary

Source	Type of Funds	Name of Program and Agency	Amount	Awarded (Y,N)	Deadline for anticipated funding
Federal					
State					
Municipal					
Private					
TOTAL					

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Attachment 3C: Local, state, and federal regulatory land use and development requirements

Source	Name of Program and Agency	Status of Approval
Federal		
State		
Municipal		

Attachment 3D: Code requirements, use Continuation Sheet, if necessary

	Type of code	Code Requirement	Citation	Status of Approvals
1				
2				
3				
4				
5				
6				

