

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

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

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

HISTORIC REHABILITATION TAX CREDIT APPLICATION

PART 3 – REQUEST FOR PRELIMINARY CERTIFICATION AND RESERVATION OF TAX CREDITS

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				

¹ Includes abatement of hazardous materials, termite control, or mold² Eligible work only if in conjunction with approved addition for building or life-safety code³ Includes hydrology systems and retaining walls⁴ Includes lawns, plantings, and fencing⁵ Includes all work to a certified historic structure required to remove deteriorated materials⁶ 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 appearance⁷ Line items Nos. 13 through 17 refer only to work to the certified historic structure⁸ Includes dumpsters, scaffolding, etc.

HISTORIC REHABILITATION TAX CREDIT APPLICATION
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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: _____

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

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Property Name _____ SHPO Project # _____

Property Address _____

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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Property Name _____ SHPO Project # _____

Property Address _____

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				

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Property Name _____ SHPO Project # _____

Property Address _____

Attachment 3E: Conformance with DECD and SHPO mission

(1) How many permanent jobs will the rehabilitation create?

(2) Has the project received any other funding from programs managed by DECD?

(3) How will this project address an unmet need within its surrounding neighborhood, municipality and/or region?

(4) Is the project related to Transit Oriented Development, Public Transit and Pedestrian Environment:

- a. Is the project within walking distance (half mile) of an existing or planned commuter rail station or bus stop?
- b. Does the property have any features nearby that would enhance walk-ability or bike-ability? (example: complete streets design features, sidewalks, street trees, bicycle lanes, etc.)

(5) Does the project support initiatives with the Office of the Arts or Office of Tourism?

(6) Does the project conform to the goals of the SHPO's statewide Preservation Plan?

(7) Does the rehabilitation incorporate any innovative preservation technologies?