

**HISTORIC REHABILITATION TAX CREDIT APPLICATION**  
**PART 1 – DETERMINATION OF HISTORIC STRUCTURE STATUS****SHPO Project #**

**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** \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name of Historic District \_\_\_\_\_  
☐ National Register district ☐ State Register district ☐ Potential district

**2. Nature of Request** (check only one box)  
☐ Determination that the building contributes to the above-named historic district  
☐ Determination that the building contributes to the above-named individually listed complex  
☐ Preliminary determination for individual listing on the State or National Register of Historic Places  
☐ Preliminary determination that a building located within a potential district contributes to the significance of the district  
☐ Preliminary determination that a building outside the period or area of significance contributes to the significance of the district.

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

**3. Project Contact (if different from applicant)**  
Name \_\_\_\_\_ Company \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

**4. 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 (in ink) \_\_\_\_\_ Date \_\_\_\_\_  
Applicant Entity \_\_\_\_\_ SSN/TIN \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

**5. Description of Physical Appearance (use continuation sheet, as needed)**

**Date(s) of building(s)** \_\_\_\_\_ **Date(s) of alteration(s)** \_\_\_\_\_

Mail original signed application to:  
SHPO/DECD  
Attn: Historic Rehabilitation Tax Credit Program  
450 Columbus Blvd, Suite 5  
Hartford, CT 06103

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Property Address \_\_\_\_\_

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**6. Statement of Significance (use continuation sheet, as needed)****7. Attachments**

- ☐ Photographs and Photo Key
- ☐ Map of the boundaries of the registered historic district and location of the building
- ☐ SR or NR nomination for preliminary determination
- ☐ Certificate of Title or Title Insurance Policy
- ☐ Statement of Authorization to Apply

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**CT SHPO OFFICIAL USE ONLY**

The CT State Historic Preservation Office has reviewed the Part 1 application, "Determination of Historic Structure Status," for the above-listed building and has determined that:

- ☐ The building qualifies as a certified historic structure
- ☐ The building does not qualify as a certified historic structure

**Preliminary Determinations**

- ☐ The building appears to meet the National Register Criteria for Evaluation and will likely be listed in the National Register of Historic Places if nominated by the State Historic Preservation Officer according to the procedures set forth in 36 CFR Part 60.
- ☐ The building appears to meet the State Register Criteria for Evaluation and will likely be listed in the State Register of Historic Places if approved by the Historic Preservation Council.
- ☐ The building appears to contribute to the significance of a potential historic district and will likely be listed if nominated by the State Historic Preservation Office  
The building appears to contribute to the significance of a registered historic district if the period or area of significance as documented in the State and/or National Register nomination or district documentation on file is expanded
- ☐ The building does not appear to qualify as a certified historic structure

\_\_\_\_\_  
Authorized Signature\_\_\_\_\_  
Date☐ CT SHPO COMMENTS ATTACHED

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**Continuation Sheet**

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