



HISTORIC REHABILITATION TAX CREDIT APPLICATION

PART 4 – REQUEST FOR FINAL CERTIFICATION OF COMPLETED REHABILITATION

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 _____
 Date of tax credit reservation _____ Reservation Number _____
 Will the proposed rehabilitation apply to the federal historic tax incentives program? ☐ Yes ☐ No

2. Project Data

This application covers: ☐ the entire rehabilitation or ☐ Phase _____ of _____ phases
 Date of completed rehabilitation/placed in service _____

Enter data below if different than the approved Part 2 Application-Request for Approval of Proposed Rehabilitation Plan

Number of buildings in project _____ Floor area before/after _____ / _____
 Square footage residential/nonresidential _____ / _____ Est. start date _____
 Number of residential units before/after rehabilitation _____ / _____
 Number of low to moderate income units before/after rehabilitation _____ / _____

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. ATTACHMENTS

- ☐ Photographs and Photo Key
☐ Certificate of Occupancy issued by local building official
☐ Statement of Authorization to Apply

CT SHPO OFFICIAL USE ONLY

The Connecticut State Historic Preservation Office has reviewed the Part 4 application, "Request for Certification of Completed Rehabilitation," for the above-listed building and has determined that:

- ☐ The completed rehabilitation meets the Secretary of the Interior's *Standards for Rehabilitation* and is consistent with the historic character of the property and, where applicable, the district in which it is located.
☐ The completed rehabilitation is not consistent with the historic character of the property or the district in which it is located and that the project does not meet the Secretary of the Interior's *Standards for Rehabilitation*. Comments attached. Therefore, tax credit reservation # _____ is hereby canceled.

 Authorized Signature

 Date

Mail original application to:

SHPO/DECD
 Historic Rehabilitation Tax Credit Program
 450 Columbus Blvd, Suite 5
 Hartford, CT 06103