**Building Information**

**OFFICE USE ONLY:**

The State Historic Preservation Office has reviewed the Part 2 amendment for the above named property and determined that the:

* Described amendment herein meet(s) the Standards of Rehabilitation
* Described amendment described does (do) not meet the Standards for Rehabilitation

Authorized signature:

Date:

**Street:**

**Town/City:**

**Zip Code:**

**Historic Name (if any):**

**Year built:**

**Building Owner**

 **First and Last Names:**

 **Telephone Number:**

 **E-mail Address:**

 **Are you a State of Connecticut Tax payer? *Yes|No***

**Non-profit Housing Corporation:**

 **Name of Organization:**

 **FEIN:**

**Project Changes**

**Project 1:**

**Reason for change:**

* **Adding work item**
	+ **Required attachments: 2 representative photographs, architectural drawings or specifications**
* **Deleting work item**
* **Modifying existing work item**

**Description:**

**Project 2:**

**Reason for change:**

* **Adding work item**
	+ **Required attachments: 2 representative photographs, architectural drawings or specifications**
* **Deleting work item**
* **Modifying existing work item**

**Description:**

**Owner Certification: I hereby attest that I am the owner of the building or a non-profit housing corporation 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.**

**Signature of Owner: Date:**

***The application and required attachments must be mailed to:***

***State Historic Preservation Office***

***450 Columbus Boulevard***

***Suite 5, ATTN: Historic Homes Tax Credit***

***Hartford, CT. 06103***