**OFFICE USE ONLY:**

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

* The proposed scope of rehabilitation work described herein meets the Standards for Rehabilitation. Final approval of completed work is required in the Part 3 application.
* The proposed rehabilitation work does not meet the Standards for Rehabilitation.

Authorized signature:

Date:

**Has the Part 1 Application been submitted? (A new Part 1 application with updated photographs is required after closing out each Tax Credit project): *Yes|No***

**Building Information**

**Street:**

**Town/City:**

**Zip Code:**

**Historic Name (if any):**

**Year built:**

**Are you applying as the owner of the building? *Yes|No***

 **First and Last Names:**

 **Telephone Number:**

 **E-mail Address:**

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

 **Are you applying as a non-profit housing corporation?**

 **Name of Organization:**

 **FEIN:**

**Project Information:**

 **Project start date:**

 **Project completion date (estimated):**

**Estimated total qualified rehabilitation expenditures (Must be a minimum of $15,000):**

 **Current number of residential units:**

 **Proposed number of residential units:**

**Budget Documentation:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Number:** | **Rehabilitation work:** | **Original or altered:** | **Quote 1:** | **Quote 2:** | **OFFICE USE ONLY: Qualified preservation expense?** |
| **1** | **Example: roof replacement** | **Altered in 2003** | **Benson Construction Co. $45,000** | **Piper Construction Co. $35,000** | **Yes** |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
| **9** |  |  |  |  |  |
| **10** |  |  |  |  |  |

**Project Description:**

**Project 1:**

**Reason for work:**

**Itemized list of proposed work:**

* **Attach at least 2 representative color photographs, printed 4x6” or pasted into a WORD document and printed**
* **Attach necessary drawings or specifications**
* **Attach contractor quote(s)**

**Project 2:**

**Reason for work:**

**Itemized list of proposed work:**

* **Attach at least 2 representative color photographs, printed 4x6” or pasted into a WORD document and printed**
* **Attach necessary drawings or specifications**
* **Attach contractor quote(s)**

**Project 3:**

**Reason for work:**

**Itemized list of proposed work:**

* **Attach at least 2 representative color photographs, printed 4x6” or pasted into a WORD document and printed**
* **Attach necessary drawings or specifications**
* **Attach contractor quote(s)**

**Project 4:**

**Reason for work:**

**Itemized list of proposed work:**

* **Attach at least 2 representative color photographs, printed 4x6” or pasted into a WORD document and printed**
* **Attach necessary drawings or specifications**
* **Attach contractor quote(s)**

**Project 5:**

**Reason for work:**

**Itemized list of proposed work:**

* **Attach at least 2 representative color photographs, printed 4x6” or pasted into a WORD document and printed**
* **Attach necessary drawings or specifications**
* **Attach contractor quote(s)**

**Project 6:**

**Reason for work:**

**Itemized list of proposed work:**

* **Attach at least 2 representative color photographs, printed 4x6” or pasted into a WORD document and printed**
* **Attach necessary drawings or specifications**
* **Attach contractor quote(s)**

**Project 7:**

**Reason for work:**

**Itemized list of proposed work:**

* **Attach at least 2 representative color photographs, printed 4x6” or pasted into a WORD document and printed**
* **Attach necessary drawings or specifications**
* **Attach contractor quote(s)**

**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:**

**OFFICE USE ONLY:**

**Project total:**

**Qualified rehabilitation expenses (At least 65%):**

**30% Tax Credit of qualified rehabilitation expenses:**

**10% Contingency:**

**Voucher total:**

**Project number:**

**Voucher number:**

***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***