**Building Information**

**OFFICE USE ONLY:**

The State Historic Preservation Office has reviewed the Part 3 application for the above-named property and has determined that:

* The completed rehabilitation work meets the Standards of Rehabilitation
* The completed rehabilitation work does not meet the Standards for Rehabilitation

Voucher total:

Voucher number:

Project number:

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 Information**

 **Project start date:**

 **Project completion date:**

 **Total expenditures:**

 **Original number of residential units:**

 **Final number of residential units:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Number:** | **Rehabilitation work:** | **Quote:** | **Actual:** | **Cancelled Check Number or Invoice Number:** | **OFFICE USE ONLY: Qualified preservation expense?** |
| **1** | **Example: roof replacement** | **Benson Construction Co. $45,000** | **Benson Construction Co. $45,000** | **#5575- $7,000****#5576- $18,000****#5576- $20,000** | **Yes** |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
| **9** |  |  |  |  |  |
| **10** |  |  |  |  |  |

**Required attachments:**

* **Attach at least 2 representative color photographs for each completed project number. Photographs should be printed 4x6” or pasted into a WORD document and printed**
* **Attach copies of cancelled checks or invoices marked “paid in full” for each project number.**

**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***