

HISTORIC REHABILITATION TAX CREDIT APPLICATION
PART 1 – DETERMINATION OF HISTORIC STRUCTURE STATUS

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 _____ 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)** _____

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Property Name _____

Property Address _____

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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Property Name _____

Property Address _____

Continuation Sheet