

**HISTORIC REHABILITATION TAX CREDIT APPLICATION**  
**PART 2 – REQUEST FOR APPROVAL OF PROPOSED REHABILITATION PLAN**

**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 \_\_\_\_\_

Individually listed on the State or National Register, date of listing \_\_\_\_\_  
 Part 1 application submitted, date of application \_\_\_\_\_ Date of approval \_\_\_\_\_

**2. Project Data**  
 Date of building \_\_\_\_\_ Estimated Rehabilitation Costs (QREs) \_\_\_\_\_  
 Number of buildings in project \_\_\_\_\_ Floor area before/after \_\_\_\_\_ / \_\_\_\_\_  
 Square footage residential/nonresidential \_\_\_\_\_ / \_\_\_\_\_ Est. start date \_\_\_\_\_  
 Estimated Project Completion Date: \_\_\_\_\_ Number of phases \_\_\_\_\_  
 Will the proposed rehabilitation apply to the federal historic tax incentives program?  Yes  No  
 Will the proposed rehabilitation result in the displacement of households or businesses? (if yes, please complete Form A)

**3. Housing data**  
 Number of residential units before/after rehabilitation \_\_\_\_\_ / \_\_\_\_\_  
 Number of low to moderate income units before/after rehabilitation \_\_\_\_\_ / \_\_\_\_\_

For Affordable Housing Projects Only  
 Median Household Income \_\_\_\_\_

Unit Type	Number of Unit Type	Proposed Rent	Proposed Sale Price

**4. Project Contact (if different from applicant)**  
 Name \_\_\_\_\_ Company \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

**5. 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 \_\_\_\_\_

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Property Address \_\_\_\_\_

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**6. SIGNAGE AND ACKNOWLEDGEMENT FORM** Complete and notarize the attached Signage and Acknowledgement Form.**SIGNAGE AND ACKNOWLEDGEMENT FORM**

**INSTRUCTIONS:** Complete all sections of the form. Submit to the SHPO with the Part 2 Application: Request for Approval of Proposed Rehabilitation Plan.

**CERTIFICATION:**

I, the undersigned Owner, certify that (1) I am authorized to execute the attached application on behalf of the business entity named below and (2) I agree to the following terms as a condition of the approval of the Part 2 Application: Request for Approval of Proposed Rehabilitation Plan:

1. In any news release or printed material promoting rehabilitation of the subject property, the Applicant must give credit, prominently placed, to the Connecticut State Historic Preservation Office of the DECD by including the following statement and the DECD/SHPO logo: <<Subject Property>> received support for this project in part from the Historic Rehabilitation Tax Credit Program (C.G.S. §10416c) administered by the State Historic Preservation Office, Department of Economic and Community Development.
2. The SHPO will be consulted prior to scheduling public events such as a ribbon cutting or a ground breaking and will be afforded to opportunity to provide remarks at such an event.
3. Applicant must erect and maintain a project sign at the project site. This sign must: be of reasonable and adequate design and construction to withstand weather exposure; be of a size that can be easily read from the public right-of-way; and be maintained in place throughout the project term. At a minimum the sign must contain the following statement: "Construction of the [name of property] is being supported in part by Historic Rehabilitation Tax Credit Program (C.G.S. §10-416c) administered by the CT State Historic Preservation Office, Department of Economic and Community Development." Photographs of the sign must be submitted to the SHPO at the start of the construction process.

OWNER NAME (PRINT) \_\_\_\_\_

OWNER SIGNATURE \_\_\_\_\_

BUSINESS ENTITY \_\_\_\_\_

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Property Address \_\_\_\_\_

**7. Detailed Description of Rehabilitation Work:** copy this page to describe all work or create a comparable format with this information. Number items consecutively to describe all work, including building exterior and interior, additions, site work, landscaping, and new construction.

Number	Feature	Date of feature
Describe existing feature and its condition		
Photo numbers		Drawing numbers
Describe work and impact on feature		
Number	Feature	Date of feature
Describe existing feature and its condition		
Photo numbers		Drawing numbers
Describe work and impact on feature		