

PART 2 - DESCRIPTION OF REHABILITATION
STATE HISTORIC REHABILITATION TAX CREDIT PROGRAM
HISTORIC PRESERVATION CERTIFICATION APPLICATION

DHR Project No.: _____

Instructions: Read the instructions carefully before completing application. No certification will be made unless a completed application form has been received. Type or print clearly in black ink. If additional space is needed, use the Continuation/Amendment Form found at the back of this application. A copy of this form may be provided to the Virginia Department of Taxation. The decision by the Virginia Department of Historic Resources with respect to certification is made on the basis of 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 shall take precedence.

1. Name of property: _____

Address of property: Street _____
City _____ County _____ State VA Zip _____

Listed individually in the Virginia Landmarks Register: date of listing: _____
 Located in a registered Historic District: specify: _____

Has a Part 1 Application (Evaluation of Significance) been submitted for this project? yes no
If yes, date Part 1 submitted: _____ Date of certification: _____

NPS Project Number (if application for federal tax credits submitted): _____

2. Data on building and rehabilitation project:

Date building constructed: _____ Total number of housing units before rehabilitation: _____
Type of construction: _____ Number that are low-moderate income: _____
Use(s) before rehabilitation: _____ Total number of housing units after rehabilitation: _____
Proposed use(s) after rehabilitation: _____ Number that are low-moderate income: _____
Estimated cost of rehabilitation: _____ Floor area before rehabilitation: _____
Floor area after rehabilitation: _____

Is this a phased project? yes no Number of Phases (include a phasing plan): _____
Project/phase start date (est.): _____ Completion date (est.): _____
Is the building protected by an easement? yes no If yes, list the easement holder? _____

3. Project contact:

Name _____ Signature _____ Date _____
Street _____ City _____
State _____ Zip _____ Daytime Telephone Number _____
Email Address _____

4.

Owner:

I declare under penalty of law that the information provided is, to the best of my knowledge, correct, and that I own the property described above. I understand that submission of false records or falsification of anything in communications with the department is grounds for denial of the certification of completed work and is punishable under Virginia and federal law.

Name _____ Signature _____ Date _____
Organization _____
Social Security or Taxpayer Identification Number _____
Street _____ City _____
State _____ Zip _____ Daytime Telephone Number _____
Email Address _____

**HIISTORIC PRESERVATION
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Property Name

Property Address

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5. DETAILED DESCRIPTION OF REHABILITATION/PRESERVATION WORK – Fully describe all work at the property, including site work, new construction, alterations, etc. Complete below.

<p>Number 1. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p>Number 2. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p>Number 3. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p>Number 4. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>

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<p>Number 5. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition:</p> <p>Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p>Number 6. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition:</p> <p>Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p>Number 7. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition:</p> <p>Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p>Number 8. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition:</p> <p>Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>

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<p>Number 9. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p>Number 10. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p>Number 11. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p>Number 12. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>

CONTINUATION/AMENDMENT SHEET

Historic Preservation
Certification Application

Property Name: _____

Property Address _____

DHR Project Number: _____

Instructions. Read the instructions carefully before completing. Type, or print clearly in black ink. Use this sheet to continue sections of the Part 1 and Part 2 application, or to amend an application already submitted. Photocopy additional sheets as needed.

This sheet: continues Part 1 continues Part 2 amends Part 2 amends Part 3 _____

Name _____ Signature _____ Date _____

Street _____ City _____

State _____ Zip _____ Daytime Telephone Number _____

See Attachments