

CONTINUATION/AMENDMENT

DHR PROJECT # _____

Instructions: Please read these instructions carefully before completing the application. No certification will be made unless a completed application form and required supplementary documentation is received. The application must be typed, and all materials must be submitted in hard copy – electronic submissions are not accepted. 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 certifications is made on the basis of the narrative descriptions in this application form. In the event of discrepancy between this application form and other, supplementary materials submitted with it (such as architectural plans, drawings, and specifications), this application form shall take precedent.

REMINDER: A complete Part 3 application must be submitted WITHIN ONE YEAR of the project's completion date to comply with the Regulations that govern the Virginia Historic Rehabilitation Tax Credit Program.

Section 1: Property Information

Historic Name of Property: _____

Address of Property: _____
ADDRESS NUMBER STREET NAME
CITY COUNTY 9-DIGIT ZIP

Section 2: Amendment Subject

This Amendment:

- Responds to an application that was placed on-hold.
- Updates the previously reviewed scope of work.
- Updates ownership or project contact information.

Summarize the Amendment here, continuing on additional pages if necessary.

Continued on separate page? Yes

Section 3: Project Contact (if different from the applicant/owner)

NOTE: This is the only individual/entity other than the owner/applicant that DHR is authorized to speak with regarding this project

Name: _____ Business Entity: _____

Street Address: _____ City: _____

State: _____ ZIP: _____ Phone: _____ Email: _____

Section 4: Owner

If I am not the current owner of this property, I have provided a signed letter from the property owner giving me permission to submit this application.

Name: _____ Business Entity: _____

Street Address: _____ City: _____

State: _____ ZIP: _____ Taxpayer ID (SSN or EIN): _____

Phone: _____ Email: _____

ATTESTATION: 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.

Continuation Sheet(s)

Continued on separate page(s)? Yes

Please return the completed application and associated materials to:

**Preservation Incentives Division
Virginia Department of Historic Resources
2801 Kensington Avenue
Richmond, VA 23221**