IR	COMMONWEALTH OF VIRGINIA – DEPARTMENT OF HISTORIC RESOURCES VIRGINIA HISTORIC REHABILITATION TAX CREDIT PROGRAM	
Historic Resources	<b>PART 1 – EVALUATION OF SIGNIFICANCE</b>	

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.

# NOTE: For properties listed <u>individually</u> in the Virginia Landmarks Register, this Part 1 application is required if the property has more than one building or structure.

#### Section 1: Property Information

Virginia Department Of

Historic Name of Pro	operty:			
Address of Property:				
	NUMBER	STREET		
	CITY		COUNTY	9-DIGIT ZIP
DHR Identification Nu	mber:	Histori	c District Name:	
Is the Building Protect	ed by an Easem	ent Administered by	/ DHR? Yes No If Yes	, please submit an additional copy of all materials.
Certification that Certification that Certification that on the Virginia La Preliminary deter Preliminary deter Dreliminary deter district. Section 3: Project Co NOTE: This is the only ind	the building con the building is ir the building is e an outbuilding c andmarks Regis mination that a mination for ind mination that a <b>ontact</b> (if differ <i>ividual/entity other</i>	tributes to the signif adividually listed in the ligible for individual r secondary resource ter. building located in a vidual listing in the building outside the ent from the applic than the below-identified	cance of the above-named his ne Virginia Landmarks Register isting in the Virginia Landmark e contributes to the above-name potential historic district contri /irginia Landmarks Register. period or area of significance of cant/owner) ied Owner that DHR is authorized	r.
			ZIP:	
Phone:		Email:		
Section 4: Owner If I am not the curr permission to subr			provided a signed letter fro	om the property owner giving me
Name:		Busir	ness Entity:	
Street Address:			City:	
State:		_ ZIP:	Taxpayer ID (SSN or E	:IN):
Phone:		Email:		
own the property descri	bed above. I un	derstand that submi	<u>ssion of false records or falsifi</u>	t of my knowledge, correct, and that I cation of anything in communications shable under Virginia and federal law.

VIRGINIA HISTORIC REHABILITATION TAX CREDIT PROGRAM PART 1 – EVALUATION OF SIGNIFICANCE								
Section 5: Primary Building Details								
Date of Construction: Source of Date:								
Date(s) of Alteration(s):								
Has the Building Been Moved? Yes No If Yes, When?								
Narrative Description of Physical Appearance:								
	Continued on se	parate page?	Yes					
Section 6: Outbuildings and Other Secondary Resources Are There Outbuildings (e.g., garage, barn, shed) or Other Resources (bridge, wall, ruin, or of	her structure) F	Present?						
Type of Outbuilding Construction Date Contributing? Brief Physical Description YES NO	Yes	No						
1.								

4. \_\_\_\_\_

Please use a supplementary sheet to list any additional outbuildings

### Section 7: Statement of Significance

\_\_\_\_\_

2. 3.

Narrative Statement of Significance (include the Period of Significance if available):

## Section 8: National Register Registration Form, Photographs, and Maps

Continued on separate page? Yes

Please attach the following to this application:

Photographs of the primary resource (each elevation, representative interior images, and site context). Photographs of any secondary resources (each elevation, representative interior images if applicable, and site context). Maps of the property, indicating the location of each resource. Select pages of the National Register Nomination Form (See "Application Checklist" document).

Please return the completed application and associated materials to: Preservation Incentives Division Virginia Department of Historic Resources 2801 Kensington Avenue Richmond, VA 23221 VIRGINIA HISTORIC REHABILITATION TAX CREDIT PROGRAM PART 1 – EVALUATION OF SIGNIFICANCE

## Continuation Sheet(s)