

**Instructions:** Please read these instructions carefully before completing the application. No certification will be made unless a completed application form & 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, & specifications), this application form shall take precedence. **If work is already completed, the Part 3: Request for Certification of Completed Work application must be submitted concurrently.**

**Section 1: Property Information**

Historic Name of Property: \_\_\_\_\_

Address of Property: \_\_\_\_\_  
NUMBER STREET

This property is: \_\_\_\_\_  
CITY COUNTY 9-DIGIT ZIP

Listed individually in the Virginia Landmarks Register (date of listing \_\_\_\_\_)

Located in a NRHP Historic District (District name \_\_\_\_\_)

Has a Part 1 – Evaluation of Significance application been submitted for this project? Yes No Concurrently with the Part 2

If Yes, date the Part 1 was submitted: \_\_\_\_\_ Date of certification: \_\_\_\_\_

Is the Building Protected by an Easement Administered by DHR? Yes No *If Yes, please submit an additional copy of all materials.*

**Section 2: Historic Building and Rehabilitation Details**

Date of Construction: \_\_\_\_\_ Type of Construction: \_\_\_\_\_

Historic Use(s): \_\_\_\_\_ Proposed Use(s): \_\_\_\_\_

Floor Area **Before** Rehabilitation: \_\_\_\_\_ sq. ft. Floor Area **After** Rehabilitation: \_\_\_\_\_ sq. ft

Total Number of Housing Units **Before** Rehabilitation: \_\_\_\_\_ Total Number of Housing Units **After** Rehabilitation: \_\_\_\_\_

Number That Are Low-Moderate Income: \_\_\_\_\_ Number That Are Low-Moderate Income: \_\_\_\_\_

Est. Start Date: \_\_\_\_\_ Est. Completion Date: \_\_\_\_\_ Est. Total Cost of Rehabilitation: \$ \_\_\_\_\_

Will This Project Be Phased? Yes No If Yes, How Many Phases? \_\_\_\_\_

**REMINDER** - include a Phasing Plan with submission if project is Phased

**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.*