

**HISTORIC PRESERVATION CERTIFICATION APPLICATION
PART 1 – EVALUATION OF SIGNIFICANCE**

Property name _____ NPS Project Number _____

Property address _____

5. Description of physical appearance

Date of construction _____ Source of date _____

Date(s) of alteration(s) _____ Source of date _____

Has building been moved? no yes, specify date _____

6. Statement of significance

7. Photographs and maps. Send photographs and map with application.



**HISTORIC PRESERVATION CERTIFICATION APPLICATION
PART 2 – DESCRIPTION OF REHABILITATION**

NPS Project Number

Instructions: This page of the form must appear exactly as below and must bear the owner's original signature. Other sections may be expanded as needed or continued on blank pages. The National Park Service certification decision 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. A copy of this form will be provided to the Internal Revenue Service.

1. Property Name _____
Street _____
City _____ County _____ State _____ Zip _____
Name of Historic District _____
 Listed individually in the National Register of Historic Places; date of listing _____
 Located in a Registered Historic District; name of district _____
 Part 1 – Evaluation of Significance submitted? Date submitted _____ Date of certification _____

2. Data on building and rehabilitation project
Date of construction _____ Cost of rehabilitation (estimated) _____
Type of construction _____ Floor area before / after rehabilitation _____ / _____
Start date (estimated) _____ Use(s) before / after rehabilitation _____ / _____
Completion date (estimated) _____ Number of housing units before / after rehabilitation _____ / _____
This application covers phase number _____ of _____ phases Number of low-moderate income housing units before / after rehabilitation _____ / _____

3. Project Contact (if different from Owner)
Name _____
Street _____ City _____
State _____ Zip _____ Telephone _____

4. Owner
I hereby attest that the information I have provided is, to the best of my knowledge, correct and that I own the property described above. I understand that falsification of factual representations in this application is subject to criminal sanctions of up to \$10,000 in fines or imprisonment for up to five years pursuant to 18 USC 1001.
Name _____ Signature _____ Date _____
Organization _____ Social Security OR Taxpayer ID Number _____
Street _____ City _____
State _____ Zip _____ Telephone _____

NPS Official Use Only

The National Park Service has reviewed the Historic Certification Application – Part 2 for the above-named property and has determined that:

the rehabilitation described herein is consistent with the historic character of the property and, where applicable, with the district in which it is located and that the project meets the Secretary of the Interior's Standards for Rehabilitation. This letter is a preliminary determination only, since a formal certification of rehabilitation can be issued only to the owner of a "certified historic structure" after rehabilitation work is complete.

the rehabilitation or proposed rehabilitation will meet the Secretary of the Interior's Standards for Rehabilitation if the attached conditions are met.

the rehabilitation described herein is not consistent with the historic character of the property or the district in which it is located and that the project does not meet the Secretary of the Interior's Standards for Rehabilitation.

Date National Park Service Authorized Signature
 See Attachments

**HISTORIC PRESERVATION CERTIFICATION APPLICATION
PART 2 – DESCRIPTION OF REHABILITATION**

Property name _____ NPS Project Number _____

Property address _____

5. Detailed description of rehabilitation work Reproduce this page as needed 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
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Describe existing feature and its condition

Photo numbers _____ Drawing numbers _____

Describe work and impact on feature

Number	Feature	Date of Feature
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Describe existing feature and its condition

Photo numbers _____ Drawing numbers _____

Describe work and impact on feature

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PART 2 – DESCRIPTION OF REHABILITATION**

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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



**HISTORIC PRESERVATION CERTIFICATION APPLICATION
PART 3 – REQUEST FOR CERTIFICATION OF COMPLETED WORK**

NPS Project Number

Instructions: Use this form to request certification upon completion of an entire rehabilitation. This page of the form must appear exactly as below and must bear the owner's original signature. The National Park Service certification decision 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 _____ **NPS Project Number** _____

Street _____

City _____ County _____ State _____ Zip _____

Is property a certified historic structure? yes no

If yes, date of certification by NPS _____ OR date of listing in the National Register _____

2. Project Data

Project starting date _____ Project completed and building placed in service date _____

Estimated costs attributed solely to rehabilitation of the historic structure \$ _____

Estimated costs attributed to other work associated with the rehabilitation, including additions, site work, parking lots, landscaping \$ _____

3. Project contact (if different from Owner)

Name _____

Street _____ City _____

State _____ Zip _____ Telephone _____

4. Owner List all additional owners on next page; use additional pages as needed.

I hereby apply for certification of rehabilitation work described above for purposes of the Federal tax incentives. I hereby attest that the information provided is, to the best of my knowledge, correct, and that in my opinion the completed rehabilitation is consistent with the work described in Part 2 of the Historic Preservation Certification Application. I also attest that I own the property described above. I understand that falsification of factual representations in this application is subject to criminal sanctions of up to \$10,000 in fines or imprisonment for up to five years pursuant to 18 USC 1001.

Name _____ Signature _____ Date _____

Organization _____ Social Security OR Taxpayer ID Number _____

Street _____ City _____

State _____ Zip _____ Telephone _____

NPS Official Use Only

The National Park Service has reviewed the Historic Preservation Certification Application – Request for Certification of Completed Work (Part 3) for this property and has determined that:

the completed rehabilitation meets the Secretary of the Interior's Standards for Rehabilitation and is consistent with the historic character of the property and, where applicable, the district in which it is located. Effective the date indicated below, the rehabilitation of the "certified historic structure" is hereby designated a "certified rehabilitation." This certification is to be used in conjunction with appropriate Internal Revenue Service regulations. Questions concerning specific tax consequences or interpretations of the Internal Revenue Code should be addressed to the Internal Revenue Service. Completed projects may be inspected by an authorized representative of the Secretary to determine if the work meets the Standards for Rehabilitation. The Secretary reserves the right to make inspections at any time up to five years after completion of the rehabilitation and to revoke certification, if it is determined that the rehabilitation project was not undertaken as presented by the owner in the application form and supporting documentation, or the owner, upon obtaining certification, undertook unapproved further alterations as part of the rehabilitation project inconsistent with the Secretary's Standards for Rehabilitation.

the completed rehabilitation meets the Secretary of the Interior's Standards for Rehabilitation. However, because this property is not yet a "certified historic structure," the rehabilitation cannot be designated a "certified rehabilitation" eligible for Federal tax credits at this time. It will become a "certified historic structure" on the date it or the historic district in which it is located is listed in the National Register of Historic Places. On that date, the completed rehabilitation will automatically become a "certified rehabilitation." It is the owner's responsibility to obtain such listing through the State Historic Preservation Office. Questions concerning specific tax consequences or interpretations of the Internal Revenue Code should be addressed to the Internal Revenue Service. Completed projects may be inspected by an authorized representative of the Secretary to determine if the work meets the Standards for Rehabilitation. The Secretary reserves the right to make inspections at any time up to five years after completion of the rehabilitation and to revoke certification, if it is determined that the rehabilitation project was not undertaken as presented by the owner in the application form and supporting documentation, or the owner, upon obtaining certification, undertook unapproved further alterations as part of the rehabilitation project inconsistent with the Secretary's Standards for Rehabilitation.

the rehabilitation is not consistent with the historic character of the property or the district in which it is located and that the project does not meet the Secretary of the Interior's Standards for Rehabilitation.

A copy of this determination will be provided to the Internal Revenue Service in accordance with Federal law.

_____ Date

_____ National Park Service Authorized Signature

**HISTORIC PRESERVATION CERTIFICATION APPLICATION
PART 3 – REQUEST FOR CERTIFICATION OF COMPLETED WORK**

Property name _____ NPS Project Number _____

Property address _____

Additional Owners Continue on additional sheets as needed to list all owners.

Name _____ Social Security OR Taxpayer ID Number _____

Street Address _____

City _____ State _____ Zip _____

Name _____ Social Security OR Taxpayer ID Number _____

Street Address _____

City _____ State _____ Zip _____

Name _____ Social Security OR Taxpayer ID Number _____

Street Address _____

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