



**Ohio**  
**Historic Preservation**  
Tax Credit

**Request for Certification and Notification of Project Completion**

Name of Building/Project: \_\_\_\_\_

This form will provide guidance on what information and documentation is required to request certification for an approved Ohio Historic Preservation Tax Credit application. After a project is completed, the applicant has 90 days to notify the Ohio Development Services Agency and request an Ohio Historic Preservation Tax Credit certificate. Please read all instructions carefully before compiling your request for certification and contact the Office of Strategic Business Investments at [historic@development.ohio.gov](mailto:historic@development.ohio.gov) or (614) 466-4551 if you have any questions.

- The Ohio Historic Preservation Tax Credit Program materials are available online at [ohptc.development.ohio.gov](http://ohptc.development.ohio.gov). Section 8 of the Program Policies provides additional guidance on project certification.
- Complete this request for certification as a PDF form and print out for submission with original signature by the authorized representative of the application, along with the attachments required. The request will not be considered complete without inclusion of these attachments.
- Certifications of the historic rehabilitation work completed (e.g. Part 3) should be submitted directly to the State Historic Preservation Office on the applicable forms.
- You may submit forms via U.S. mail, delivery service or in person to:

**Ohio Development Services Agency, Office of Strategic Business Investments  
77 South High Street, 28th Floor, Columbus, Ohio 43215**

**1. Authorized Representative Declaration**

I hereby apply to the director of Development Services for an Ohio Historic Preservation Tax Credit certificate. I hereby attest that the information I have provided with this request is, to the best of my knowledge, correct. The project has been completed as outlined in the approved application and any approved amendments. The tax credit requested represents qualified rehabilitation expenditures incurred during the rehabilitation period. I understand that the issuance of the tax credit certificate does not represent a verification or certification by the director of Development Services of the amount of qualified rehabilitation expenditures for which the tax credit can be claimed. Rather, the amount of the tax credit and the qualified rehabilitation expenditures are subject to inspection and examination by the Ohio Department of Taxation.

Authorized Representative's Signature: .....

\_\_\_\_\_ Date: \_\_\_\_\_  
(Original Signature only)

Authorized Representative's Name and Title: \_\_\_\_\_



**Development  
Services Agency**

Mike DeWine, Governor  
Jon Husted, Lt. Governor

Lydia L. Mihalik, Director

**2. Project Information**

**PROJECT INFORMATION**

Name of Building/Project: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_, Ohio Zip: \_\_\_\_\_  
County: \_\_\_\_\_  
Parcel Number(s): \_\_\_\_\_  
Permanent Jobs Created: \_\_\_\_\_ Construction Jobs Created: \_\_\_\_\_  
Project Square Feet: \_\_\_\_\_ Residential Units: \_\_\_\_\_  
Rehabilitation Period for Qualified Rehabilitation Expenditures:  
Start Date (MM/DD/YYYY): \_\_\_\_\_ End Date (MM/DD/YYYY): \_\_\_\_\_  
For Staged Projects, identify the stage for which certification is sought:  
Stage \_\_\_\_ of \_\_\_\_ Total Stages  Final Certification

**OWNER OR LESSEE INFORMATION**

Project Owner or Lessee: \_\_\_\_\_  
Tax Class (LLC, S/C-Corp, Partnership, Individual, Other): \_\_\_\_\_  
FEIN: \_\_\_\_\_ SSN: \_\_\_\_\_  
Ohio Secretary of State Charter Number: \_\_\_\_\_  
Ohio Employer Withholding Account Number: \_\_\_\_\_  
Representative Name and Title: \_\_\_\_\_  
Representative Company: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone (Direct): \_\_\_\_\_ Email: \_\_\_\_\_

**PROJECT CONTACT INFORMATION**

Contact Name and Title: \_\_\_\_\_  
Contact Company: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### 3. Financial Analysis

Total Project Investment: \_\_\_\_\_

Qualified Rehabilitation Expenditures: \_\_\_\_\_

Ohio Historic Preservation Tax Credit Requested: \_\_\_\_\_

#### DOCUMENTATION REQUIRED

Provide as attachment a financial analysis of the project and final qualified rehabilitation expenditures. For projects with qualified rehabilitation expenditures exceeding \$200,000, the financial analysis must be documented in a cost certification report completed by a third-party certified public accountant. The analysis shall include all qualified rehabilitation expenditures, non-qualified rehabilitation expenditures, total project costs and requested Ohio Historic Preservation Tax Credits. If a cost certification is not performed, a template report can be obtained from the Office of Strategic Business Investments.

### 4. Proof of Completion

Date final Certificate of Occupancy was issued: \_\_\_\_\_

(use anticipated date if not yet received)

#### DOCUMENTATION REQUIRED

Provide as attachment the final certificate(s) of occupancy from the applicable building department or authority verifying that all relevant state and local regulations pertaining to the health and safety of occupants are met for the project.

### 5. Proof of Ownership or Leaseholder Interest

#### DOCUMENTATION REQUIRED

1. If the applicant is a fee simple owner, provide the property deed or county auditor’s card for all parcels; or
2. If the applicant is a qualified lessee, provide an executed lease agreement for a term equal to or exceeding the lease term requirements under 26 U.S.C. 47(c)(2)(B)(vi).

## 6. Pass-Through Entity Information

If the applicant is a pass-through entity, complete a box for each individual or entity that is a member of the pass-through entity. If available, attach a diagram of the ownership and/or leasing structure. If the applicant has more than 10 members, duplicate page 5 as necessary.

Entity or Individual Name			
Mailing Address			
FEIN or SSN		Taxable Year End	
Percentage of ownership in pass-through entity			
Percentage of credit allocated to this entity			
Tax against which this entity will apply tax credit			

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Percentage of ownership in pass-through entity			
Percentage of tax credit allocated to this entity			
Tax against which this entity will apply tax credit			

## 7. Historic Approvals

Date of submittal to the State Historic Preservation Office: \_\_\_\_\_

(use anticipated submission date if not yet submitted)

### DOCUMENTATION REQUIRED

#### Combined State and Federal Project

In accordance with federal instructions, complete and submit to the State Historic Preservation Office a federal Part 3 - Request for Certification of Completed Work.

#### State Only Project

Provide photographic documentation of the completed project meeting the following guidance:

- Provide good, clear photographs of the building as it appears after the rehabilitation.
- Exterior photographs must show all elevations of the building and views of the building in its setting on the street.
- Interior photographs must show spaces and representative secondary spaces.
- Photographs must be numbered, dated and labeled with the building name, the view (e.g. east side), and a brief description of what is shown.
- Photographs must be keyed to site plan and floor plans. Key photographs to the application narrative where appropriate. For clear documentation, 35 mm photographs are recommended.
- Digital photographs are accepted if equal in quality to clearly focused, properly exposed 35mm.

## 8. Certification Fee

### DOCUMENTATION REQUIRED

Applicants approved after July 1, 2011 are subject to a final certification fee. The certification fee will equal 1.5 percent of the tax credits requested at certification less the sum of the application fee and servicing fee paid by the applicant. The fee shall be paid before a tax credit certificate is issued.

Provide as attachment the certification fee paid in full via check made out to 'Treasure, State of Ohio.' The amount of certification fee for the project can be confirmed by the Office of Strategic Business Investments.

