



This is the first of a three-part application for the Alabama Historic Rehabilitation Tax Credit program. The AHC uses this form to evaluate a property’s historic significance. The first page of the form must appear exactly as below and must bear the applicant’s original signature. Use additional pages as necessary. All sections must be complete and all attachments submitted or the application will be determined incomplete. Part A, Part B, and half of the required review fee must be submitted at the same time.

1. Property name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: Alabama Zip: \_\_\_\_\_

2. Applicant Name:

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Ownership Status:  Hold Title  Owns a lease-hold interest for a term not less than 39 years  Option to purchase

3. Project Contact (if different than applicant): \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**4. National Register of Historic Places Status**

Individually listed in the National Register

Name as listed in the National Register \_\_\_\_\_

Located in an existing National Register Historic District

Name of Historic District: \_\_\_\_\_

Contributing Resource  Non-Contributing Resource Inventory Number: \_\_\_\_\_

The property is not listed in the National Register, but in the applicant’s opinion the property is:

Individually eligible for the National Register

Eligible as a Contributing Resource in a potential National Register Historic District

5. Alabama Legislative District:

Senate \_\_\_\_\_ House of Representatives \_\_\_\_\_

6. I hereby attest that the information I have provided in this application is, to the best of my knowledge, correct.

**\*\*Original signature of applicant required\*\***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AHC PROJECT NUMBER:** \_\_\_\_\_

**Part A – Evaluation of Significance**

Property name: \_\_\_\_\_

Property address: \_\_\_\_\_

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*Applicant may attach National Park Service Part 1—Historic Preservation Certification Application in lieu of completing application blocks 7, 8, and 9, but block 10 must be completed and all attachments submitted with the application.*

7. Physical description of property:

8. Date of Construction: \_\_\_\_\_ Source of Date: \_\_\_\_\_

Date(s) of alteration: \_\_\_\_\_ Source of Date: \_\_\_\_\_

Has the building been moved: yes no. If yes, when? \_\_\_\_\_

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9. History and Significance:

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10. Required Attachments

- Letter from Owner;
  - Photographs with labels showing the condition of the building prior to the start of work;
  - Site plan showing the existing condition of the property with photo directions indicated;
  - Floor plan(s) showing the existing condition of the building with photo directions indicated;
  - Map showing the location of the building per instructions
  - Other: \_\_\_\_\_
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