

**HISTORIC REHABILITATION TAX CREDIT APPLICATION**  
**PART 1 – DETERMINATION OF HISTORIC STRUCTURE STATUS**

**Instructions:** This page must bear the applicant's original signature and must be dated. The CT SHPO's determination 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** \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Name of Historic District \_\_\_\_\_  
 National Register district                       State Register district                       Potential district

**2. Nature of Request** (check only one box)  
 Determination that the building contributes to the above-named historic district  
 Determination that the building contributes to the above-named individually listed complex  
 Preliminary determination for individual listing on the State or National Register of Historic Places  
 Preliminary determination that a building located within a potential district contributes to the significance of the district  
 Preliminary determination that a building outside the period or area of significance contributes to the significance of the district.

Will the proposed rehabilitation apply to the federal historic tax incentives program?                       Yes                       No

**3. Project Contact (if different from applicant)**  
 Name \_\_\_\_\_ Company \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

**4. Applicant**  
 I HEREBY ATTEST THAT I AM THE OWNER OR AUTHORIZED AGENT OF THE OWNER OF THE BUILDING DESCRIBED ABOVE AND THAT THE INFORMATION I HAVE PROVIDED IS, TO THE BEST OF MY KNOWLEDGE, CORRECT. I UNDERSTAND THAT FALSIFICATION OF FACTUAL REPRESENTATIONS IN THE APPLICATION MAY BE SUBJECT TO LEGAL SANCTIONS.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Applicant Entity \_\_\_\_\_ SSN/TIN \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

**5. Description of Physical Appearance (use continuation sheet, as needed)**

**Date(s) of building(s)** \_\_\_\_\_ **Date(s) of alteration(s)** \_\_\_\_\_

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Property Name \_\_\_\_\_

Property Address \_\_\_\_\_

**6. Statement of Significance (use continuation sheet, as needed)**

**7. Attachments**

- Photographs and Photo Key
- Map of the boundaries of the registered historic district and location of the building
- SR or NR nomination for preliminary determination
- Certificate of Title or Title Insurance Policy
- Statement of Authorization to Apply



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**Continuation Sheet**