

**HISTORIC REHABILITATION TAX CREDIT APPLICATION**  
**PART 3 – REQUEST FOR PRELIMINARY CERTIFICATION AND RESERVATION OF TAX CREDITS**

**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** \_\_\_\_\_ **SHPO Project Number** \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Part 2 application submitted, date of application \_\_\_\_\_ Date of approval \_\_\_\_\_

**2. Estimated qualified rehabilitation expenditures**  
 Total structure and land improvement costs \_\_\_\_\_ Qualified rehabilitation expenditures (QREs) \_\_\_\_\_  
 Amount of Tax Credit Requested: 25% of QREs \_\_\_\_\_ or 30% of QREs \_\_\_\_\_  
 Complete Attachment 3A

**3. Substantial rehabilitation test**  
 Assessed value of certified historic structure \_\_\_\_\_ 25% of assessed value \_\_\_\_\_

**4. Documentation of Project Readiness**  
 Sources of Project Financing, Attachment 3B  
 Compliance with local, state and federal regulatory land use and development requirements, Attachment 3C  
 Code Compliance Requirements, Attachment 3D  
 Conformance with DECD and SHPO mission, Attachment 3E

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

**6. 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 \_\_\_\_\_

**7. Attachments**  
 Certificate of Title  
 Certificate of Legal Existence  
 Letters of funding intent and/or commitment  
 Pro Forma  
 Construction schedule  
 Department of Housing affordable housing certificate, if applicable  
 Certified copy of one or more municipal resolutions  
 Copy of one or more permits  
 Certified copy of Certificate of Appropriateness  
 Letter from federal agency or SHPO of compliance with historic preservation regulations under Section 106  
 Certified copy of assessment from municipal land records office

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

**Attachment 3A: Schedule of values**

1	2	3	4	5	6	7
LINE	DIV	DIV/TRADE ITEM	INELIGIBLE	ELIGIBLE	Costs Incurred Prior to Part 2 Approval	TOTAL EXPENSE
1	2	SITE TESTING/HAZARDOUS MATERIALS				
2	2	ENVIRONMENTAL REMEDIATION: SITE				
3	2	ENVIRONMENTAL REMEDIATION: CERTIFIED HISTORIC STRUCTURE <sup>1</sup>				
4	2	SITE GRADING & EXCAVATION <sup>2</sup>				
5	2	OTHER SITE WORK <sup>3</sup> specify _____ _____ _____				
6	2	LANDSCAPING <sup>4</sup>				
7	2	SURFACE PARKING, ROADS AND WALKWAYS				
8	2	GARAGES/ STRUCTURED PARKING FACILITY				
9	2	DEMOLITION: SEPARATE BUILDINGS AND/OR STRUCTURES				
10	2	DEMOLITION: GENERAL <sup>5</sup>				
11	2	DEMOLITION: SELECTIVE <sup>6</sup>				
12	2	SITE UTILITIES				
13	3	NEW CONCRETE <sup>7</sup>				
14	3	CONCRETE REPAIRS				
15	4	MASONRY NEW, REPAIR and REPOINTING				
16	4	CONCRETE/MASONRY CLEANING				
17	5	METALS				
18	6	ROUGH CARPENTRY				
19	6	FINISH CARPENTRY				

<sup>1</sup> Includes abatement of hazardous materials, termite control, or mold

<sup>2</sup> Eligible work only if in conjunction with approved addition for building or life-safety code

<sup>3</sup> Includes hydrology systems and retaining walls

<sup>4</sup> Includes lawns, plantings, and fencing

<sup>5</sup> Includes all work to a certified historic structure required to remove deteriorated materials

<sup>6</sup> Includes only costs associated with approved removal of sections of the building owing to documented structural failure or for the purpose of new construction to recreate documented historic appearance

<sup>7</sup> Line items Nos. 13 through 17 refer only to work to the certified historic structure

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LINE	DIV	DIV/TRADE ITEM	INELIGIBLE	ELIGIBLE	Cost incurred prior to Part 2 approval	TOTAL EXPENSE
20	7	MOISTURE PROTECTION				
21	7	INSULATION				
22	7	ROOFING				
23	7	SHEET METAL				
24	7	SIDING (INCLUDES REMOVAL OF NON-HISTORIC, REPAIR,				
25	8	DOORS AND HARDWARE				
26	8	WINDOWS AND GLAZING				
27	9	ACOUSTICAL TILE				
28	9	DRYWALL				
29	9	CERAMIC TILE				
30	9	WOOD FLOORING				
31	9	RESILIENT FLOORING				
32	9	CARPETING				
33	9	PAINTING (INTERIOR AND EXTERIOR)				
34	10	SPECIALTIES				
35	11	CABINETS & VANITIES				
36	11	APPLIANCES				
37	12	BLINDS, SHADES, AND ARTWORK				
38	13	SPECIAL CONSTRUCTION: SEPARATE NEW BUILDINGS				
39	13	ADDITION: NON-CODE REQUIRED				
40	13	ADDITION: CODE REQUIRED				
41	13	ADDITION: HANDICAPPED ACCESS				
42	13	NEW CONSTRUCTION: RECONSTRUCTION				
43	15	ELEVATORS				
44	15	PLUMBING				
45	15	HVAC				
46	15	FIRE SUPPRESSION				

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47	16	ELECTRICAL (BUILDING ONLY)				
48		RENTAL EQUIPMENT, specify: 8 _____ _____ _____				
49		GREEN ROOFS				
50	N/A	TOTAL STRUCTURE AND LAND IMPROVEMENTS Column 7				
51	N/A	PERMITS AND FEES				
52	N/A	CONTRACTOR BOND PREMIUM				
53	N/A	TOTAL CONSTRUCTION COSTS Sum of LINES 50-52				
54	N/A	TOTAL INELIGIBLE COSTS: Column 4				
55	N/A	TOTAL ELIGIBLE COSTS: Column 5				
56	N/A	TOTAL COSTS INCURRED PRIOR TO PART 2 APPROVAL: Column 6				
57	N/A	GENERAL REQUIREMENTS and BUILDER'S OVERHEAD AND PROFIT: Not to exceed 15% of LINE 55				
58	N/A	<b>TOTAL QUALIFIED REHABILITATION EXPENDITURES</b> Sum of LINES 55 and 57				

**FORM PREPARED FOR:**

PROPERTY NAME: \_\_\_\_\_ SHPO PROJECT # \_\_\_\_\_  
 OWNER NAME \_\_\_\_\_ BUSINESS ENTITY \_\_\_\_\_  
 OWNER ADDRESS: STREET \_\_\_\_\_ TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**SCHEDULE OF VALUES FORM (LINES 1-58, COLUMNS 4-7) PREPARED BY:**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
 BUSINESS ORGANIZATION \_\_\_\_\_  
 ADDRESS: STREET \_\_\_\_\_ TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 TELEPHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_ CT LICENSE # \_\_\_\_\_

I hereby certify that the information I have provided on construction costs is, to the best of my knowledge, correct.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

<sup>1</sup> Includes abatement of hazardous materials, termite control, or mold  
<sup>2</sup> Eligible work only if in conjunction with approved addition for building or life-safety code  
<sup>3</sup> Includes hydrology systems and retaining walls  
<sup>4</sup> Includes lawns, plantings, and fencing  
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Property Address \_\_\_\_\_

**Attachment 3B: Sources of project financing, use Continuation Sheet, if necessary**

Source	Type of Funds	Name of Program and Agency	Amount	Awarded (Y,N)	Deadline for anticipated funding
Federal					
State					
Municipal					
Private					
<b>TOTAL</b>					

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**Attachment 3C: Local, state, and federal regulatory land use and development requirements**

Source	Name of Program and Agency	Status of Approval
Federal		
State		
Municipal		

**Attachment 3D: Code requirements, use Continuation Sheet, if necessary**

	Type of code	Code Requirement	Citation	Status of Approvals
1				
2				
3				
4				
5				
6				

