



Department of Economic and
Community Development

State Historic Preservation Office

CONNECTICUT HISTORIC REHABILITATION TAX CREDIT (C.G.S. §10-416C)

PART 1 APPLICATION: DETERMINATION OF HISTORIC STRUCTURE STATUS

1. BUILDING DATA

a. Building Name: _____

Address: Street: _____ Town: _____ Zip: _____

b. Name of Historic District or Complex _____

National Register District or Complex State Register District or Complex

2. NATURE OF REQUEST

- 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 National Register of Historic Places
- Preliminary determination for individual listing on the State Register of Historic Places

a. Attachments

- Map showing legal boundary of property as listed
- Map showing legal boundary of parcel under ownership of applicant, if different from that of property as listed
- Draft State Register or National Register nomination

3. CONTACT & OWNER INFORMATION

a. Contact Name _____

Title _____

Business Entity _____

Address: Street _____

Town _____ State: _____ Zip _____

Telephone # _____ Email address _____

b. Owner Name _____

Title _____

Business Entity _____

Address: Street _____

Town _____ State: _____ Zip _____

Telephone # _____ Email address _____

Taxpayer SSN, FEIN or Tax Identification Number _____

c. Attachments

- Certificate of Title or Title Insurance Policy
- Statement of Authorization to Apply

4. STATEMENT OF HISTORICAL AND ARCHITECTURAL SIGNIFICANCE

Are you applying for tax credits under the federal historic preservation tax incentives program? yes no

a. If yes, fill in below:

Date of submission, federal Part 1-Evaluation of Significance: _____

Date signed, SHPO Review Sheet & Recommendations: _____

Attachments

- Copy of approved federal Part 1-Evaluation of Significance cover sheet
- Copy of SHPO Review Sheet & Recommendations

b. If no, provide a statement of historical and architectural significance of the building, including the date of construction.

Attachments

- Statement of historical and architectural significance
- Photographs
- Map of the boundaries of the registered historic district and location of the building

5. OWNER CERTIFICATION

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.

SIGNATURE _____ DATE _____

6. PREPARER (CONSULTANT) CERTIFICATION

I HEREBY ATTEST THAT I PREPARED THE APPLICATION FOR THE ABOVE-REFERENCED PROJECT 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.

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

The CT State Historic Preservation Office has reviewed the Part 1 application, "Determination of Historic Structure Status," for the above-listed building and has determined that:

- The building qualifies as a certified historic structure
- The building appears to meet the National Register Criteria for Evaluation and will likely be listed in the National Register of Historic Places if nominated by the State Historic Preservation Officer according to the procedures set forth in 36 CFR Part 60.
- The building appears to meet the State Register Criteria for Evaluation and will likely be listed in the State Register of Historic Places if approved by the Historic Preservation Council.
- The building does not qualify as a certified historic structure

Authorized Signature

Date

SHPO Project #