



Department of Economic and
Community Development

State Historic Preservation Office

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

PART 2 APPLICATION AMENDMENT FORM

1. BUILDING DATA

a. Building Name: _____

Address: Street _____ Town _____ Zip _____

b. SHPO Project #: _____

Date approved, Part 2 application "Request for Approval of Proposed Rehabilitation Plan": _____

2. 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 _____

3. DESCRIPTION OF PROPOSED AMENDMENT

- Adding Work Item
- Deleting Work Item
- Modifying Existing Work Item
- Part 2 Approval Condition

Attachments

- Photographs

- Architectural Drawings
- Other, specify: _____

Number each amendment. Use additional sheets if necessary

Amendment Number: _____ : _____

4. 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: _____

5. 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 proposed amendment(s) noted below and has determined that:

- Amendment(s) # _____ described herein meet(s) the *Standards*.
- Amendment(s) # _____ described herein meet(s) the *Standards* **provided** the attached condition(s) are met.
- Amendment(s) # _____ described herein does (do) not meet the *Standards*. Comments attached.

Authorized Signature

Date



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PART 2 AMENDMENT FORM

Continuation Sheet