



Department of Economic and
Community Development

State Historic Preservation Office

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

PART 3 APPLICATION: REQUEST FOR PRELIMINARY CERTIFICATION AND RESERVATION OF TAX CREDITS

1. BUILDING DATA

a. Building Name _____

Address: Street _____

Town: _____

Zip: _____

b. SHPO Project # _____

c. Approval date of Part 2 application (Request for Approval of Proposed Rehabilitation Plan): _____

d. Attachments

Copy of SHPO approval of Part 2 application

Copy of SHPO approval of Part 2 amendment(s)

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 _____

c. Attachments

Certificate of Title or Title Insurance

Certificate of Legal Existence

Statement of Authorization to Apply

3. DOCUMENTATION OF PROJECT READINESS

a. Sources of project financing

- Attachment 3A
- Letters of Funding Intent
- Letters of Funding Commitment
- Pro Forma

b. List federal, state, and/or local land use and other development regulatory requirements and indicate status of approval process.

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____
- (6) _____

c. Attach statement of project consistency with stated municipal or regional land use development goals and objectives, including historic preservation, housing or smart growth initiatives.

d. Code compliance requirements

- Attachment 3B

e. Eligibility for 30% tax credit

- DECD Affordable Housing Certificate

f. Attachments

- Construction schedule
- List of project team members including the level of experience the team has with similar projects. Include project size, scope and whether completed on time.
- Letters of support
- 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 State Historic Preservation Office of compliance with historic preservation regulations under Section 106
- Other, specify: _____
- Other, specify: _____

4. DOCUMENTATION OF CONFORMANCE WITH DECD AND SHPO MISSION

- Attachment 3C
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5. ESTIMATED QUALIFIED REHABILITATION EXPENDITURES

- a. Total structure and land improvement costs _____
- b. Qualified rehabilitation expenditures _____
- c. Amount of Tax Credit Requested: 25% of Line b _____
or 30% of Line b _____

d. Attachments

- Attachment 3D: Schedule of Values Historic Preservation Tax Credit program
 - Application Fee (\$1,000.00), if applicable
-

6. SUBSTANTIAL REHABILITATION TEST

- a. Assessed value of certified historic structure _____
- b. 25% of assessed value _____

c. Attachments

- Certified copy of assessment from municipal legal records
-

7. OWNER CERTIFICATION

I HEREBY ATTEST THAT I AM 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: _____

8. 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 Connecticut State Historic Preservation Office has reviewed the Part 3 application, "Request for Preliminary Certification and Reservation of Tax Credits" for the above-listed building and has determined that:

- The certification documentation is in accordance with the requirements of the Historic Rehabilitation Tax Credit Program (C.G.S. §10-416c)
- The total qualified rehabilitation expenditures meet the substantial rehabilitation test under C.G.S. §10-416c
- A Reservation of Tax Credits has been approved for state fiscal year _____ in the amount of _____ . A numbered Reservation Certificate is attached.

Authorized Signature

Date

**ATTACHMENT 3A: 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					
TOTAL					

**ATTACHMENT 3B: CODE REQUIREMENTS
USE CONTINUATION SHEET, IF NECESSARY**

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

**ATTACHMENT 3C: DOCUMENTATION OF CONFORMANCE WITH DECD AND SHPO MISSION
USE CONTINUATION SHEET AS NECESSARY**

- (1) How many permanent jobs will the rehabilitation create?

- (2) Has the project received any other funding from programs managed by DECD?

- (3) How will this project address an unmet need within its surrounding neighborhood, municipality and/or region?

- (4) Is the project related to Transit Oriented Development, Public Transit and Pedestrian Environment:
 - a. Is the project within walking distance (half mile) of an existing or planned commuter rail station or bus stop?

 - b. Does the property have any features nearby that would enhance walk-ability or bike-ability?
(example: complete streets design features, sidewalks, street trees, bicycle lanes, etc.)

- (5) Does the project support initiatives with the Office of the Arts or Office of Tourism?

- (6) Does the project conform to the goals of the SHPO's statewide Preservation Plan?

- (7) Does the rehabilitation incorporate any innovative preservation technologies?

ATTACHMENT 3D: 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 ¹				
4	2	SITE GRADING & EXCAVATION ²				
5	2	OTHER SITE WORK ³ specify _____ _____ _____				
6	2	LANDSCAPING ⁴				
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 ⁵				
11	2	DEMOLITION: SELECTIVE ⁶				
12	2	SITE UTILITIES				
13	3	NEW CONCRETE ⁷				
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				
20	7	MOISTURE PROTECTION				

¹ Includes abatement of hazardous materials, termite control, or mold

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

³ Includes hydrology systems and retaining walls

⁴ Includes lawns, plantings, and fencing

⁵ Includes all work to a certified historic structure required to remove deteriorated materials

⁶ 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

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

LINE	DIV	DIV/TRADE ITEM	INELIGIBLE	ELIGIBLE	Costs Incurred Prior to Part 2 Approval	TOTAL EXPENSE
21	7	INSULATION				
22	7	ROOFING				
23	7	SHEET METAL				
24	7	SIDING (INCLUDES REMOVAL OF NON-HISTORIC, REPAIR, REPLACEMENT)				
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				
47	16	ELECTRICAL (BUILDING ONLY)				
48		RENTAL EQUIPMENT, specify: ⁸ _____ _____ _____				
49		GREEN ROOFS				

⁸ Includes dumpsters, scaffolding etc.

Line	DIV	DIV/TRADE ITEM	INELIGIBLE	ELIGIBLE	Costs Incurred Prior to Part 2 Approval	TOTAL EXPENSE
50	N/A	TOTAL STRUCTURE AND LAND IMPROVEMENTS Column 7				
51	N/A	PERMITS AND FEES				
52	N/A	CONTRACTOR BOND PREMIUM				
53	N/S	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	TOTAL QUALIFIED REHABILITATION EXPENDITURES Sum of LINES 55 and 57				

FORM PREPARED FOR:

PROPERTY: NAME: _____

ADDRESS: STREET _____

TOWN _____ STATE _____ ZIP _____

SHPO PROJECT # _____

OWNER: NAME _____

BUSINESS ENTITY _____

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 # _____

CT LICENSE # _____

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

SIGNED _____ DATE _____