



Department of Economic and  
Community Development

State Historic Preservation Office

CONNECTICUT HISTORIC REHABILITATION TAX CREDIT (C.G.S. §10-416C)  
PART 4 APPLICATION: REQUEST FOR CERTIFICATION OF COMPLETED REHABILITATION

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1. BUILDING DATA

- a. Building Name \_\_\_\_\_  
Address: Street \_\_\_\_\_ Town \_\_\_\_\_ Zip: \_\_\_\_\_
- b. SHPO Project # \_\_\_\_\_
- c. Date of tax credit reservation: \_\_\_\_\_ SHPO Reservation # \_\_\_\_\_
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2. 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
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3. REHABILITATION PROJECT DATA

- a. This application covers:  
 entire certified historic structure or  phase \_\_\_\_\_ of \_\_\_\_\_ phases

- b. Date rehabilitation completed and placed in service \_\_\_\_\_
- Number of residential units placed in service \_\_\_\_\_
- Number of affordable units placed in service \_\_\_\_\_
- Square footage of nonresidential space \_\_\_\_\_
- Square footage of "identifiable portion of building" placed in service \_\_\_\_\_

- c. Attachments
  - Copy of Certificate of Occupancy
  - Photographs

4. OWNER CERTIFICATION

I hereby apply for certification of completed rehabilitation work for purposes of the State of Connecticut Historic Rehabilitation Tax Credit Program. 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 Connecticut State Historic Preservation Office has reviewed the Part 4 application, "Request for Certification of Completed Rehabilitation," for the above-listed building and has determined that:

- The completed rehabilitation meets the *Standards*.
- The completed rehabilitation does not meet the *Standards*. Comments attached.

Tax credit reservation # \_\_\_\_\_ is hereby canceled.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date