



Department of Economic and
Community Development

State Historic Preservation Office

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

PART 5 APPLICATION: REQUEST FOR ISSUANCE OF TAX CREDIT VOUCHER

1. BUILDING DATA

a. Building Name _____

Address: Street _____ Town _____ Zip: _____

b. SHPO Project # _____

c. Approval Date, Part 4 application (Request for Final Certification of Completed Rehab.) _____

d. Attachments

Copy of SHPO approval of Part 4 application

Copy of Reservation Certificate

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

Certificate of Legal Existence

3. REHABILITATION PROJECT DATA

a. This application covers:

entire certified historic structure or phase _____ of _____ phases

For phase projects only: Previous Voucher #(s) _____ Date Issued _____

b. Qualified rehabilitation expenditures _____

c. Amount of Tax Credit Requested: 25% of Line b _____
or 30% of Line b _____

d. Attachments

Certification of Costs

Attachment 5A: Schedule of Values - Incurred Costs

4. ASSIGNMENT OF TAX CREDIT VOUCHER

Check as applicable:

I hereby request that the tax credit voucher for the above-listed historic property be assigned to the individual named as the owner of record in item #2.

I hereby request that the tax credit voucher be issued in the name of the business entity named as the owner of record in item #2.

I hereby request that the tax credit voucher for the above-listed historic property be assigned to one or more contributing taxpayers named below:

Name of Corporation _____

Address: Street _____

Town _____ State _____ Zip _____

Telephone # _____

Taxpayer FEIN or CT Tax Registration Number _____

Percentage (or dollar value) of total tax credit _____

Name of Corporation _____

Address: Street _____

Town _____ State _____ Zip _____

Telephone # _____

Taxpayer FEIN or CT Tax Registration Number _____

Percentage (or dollar value) of total tax credit _____

Name of Corporation _____

Address: Street _____

Town _____ State _____ Zip _____

Telephone # _____

Taxpayer FEIN or CT Tax Registration Number _____

Percentage (or dollar value) of total tax credit _____

I hereby request that the tax credit voucher for the above-listed property be assigned to one or more multiple owners named below:

Name of individual or business entity _____

Address: Street _____

Town _____ State _____ Zip _____

Telephone # _____

Taxpayer SS, FEIN or CT Tax Registration Number _____

Percentage (or dollar value) of total tax credit _____

Name of individual or business entity _____

Address: Street _____

Town _____ State _____ Zip _____

Telephone # _____

Taxpayer SS, FEIN or CT Tax Registration Number _____

Percentage (or dollar value) of total tax credit _____

Name of individual or business entity _____

Address: Street _____

Town _____ State _____ Zip _____

Telephone # _____

Taxpayer SS, FEIN or CT Tax Registration Number _____

Percentage (or dollar value) of total tax credit _____

Additional pages attached.

5. OWNER CERTIFICATION

I hereby attest that I am the owner or authorized agent of the owner of the above-listed building 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 _____

Title _____

Attachment

Statement of Authorization to Apply

FOR OFFICE USE ONLY

Tax credit voucher # _____ Amount \$ _____ Date of issuance _____

Tax credit voucher # _____ Amount \$ _____ Date of issuance _____

Tax credit voucher # _____ Amount \$ _____ Date of issuance _____

ATTACHMENT 5A: SCHEDULE OF VALUES – COSTS INCURRED

1	2	3	4	5	6	7 ¹
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 ²				
4	2	SITE GRADING & EXCAVATION ³				
5	2	OTHER SITE WORK ⁴ specify _____ _____ _____				
6	2	LANDSCAPING ⁵				
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 ⁶				
11	2	DEMOLITION: SELECTIVE ⁷				
12	2	SITE UTILITIES				
13	3	NEW CONCRETE ⁸				
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				
21	7	INSULATION				
22	7	ROOFING				

¹ Any costs for which payment has been made prior to the date of approval of the state Part 2 application, Request for Approval of Proposed rehabilitation Plan, Form ITC 300-a, are not considered eligible.

² Includes abatement of hazardous materials, termite control, or mold

³ Eligible work only if in conjunction with approved addition for building or life-safety code

⁴ Includes hydrology systems and retaining walls

⁵ Includes lawns, plantings, and fencing

⁶ Includes all work to a certified historic structure required to remove deteriorated materials

⁷ 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

⁸ 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
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: ⁹ _____ _____ _____		_____ _____ _____		_____ _____ _____
49		GREEN ROOFS				

⁹ 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				