

### AMENDMENT

USE THIS FORM AS NEEDED TO NOTIFY HPD IF CHANGES ARE TO BE MADE TO THE PROJECT SCOPE-OF-WORK AS APPROVED IN THE PART A APPLICATION.

#### STATE PREFERENTIAL PROPERTY TAX ASSESSMENT PROGRAM FOR REHABILITATED HISTORIC PROPERTY

Check here for property tax assessment freeze program

#### STATE INCOME TAX CREDIT PROGRAM FOR REHABILITATED HISTORIC PROPERTY

Check here for state income tax credit program

**1. Property information:**

Historic name of property (if known): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

**2. Describe project changes (attach additional pages as needed):**

**3. Send this application and any additional items that pertain to this amendment to TAX INCENTIVES PROGRAM, HPD, GA DNR, 254 WASHINGTON STREET, GROUND LEVEL, ATLANTA, GA 30334. See attached instructions for details regarding application materials. This application will not be reviewed unless it is complete with the following (please check):**

- Original plus one copy of all pages of this application form.
- TWO sets of any color photographs, photo keys, floor plans, drawings, or other materials used to demonstrate the changes described in the Amendment. (see *Photo-Documentation Guidelines*)

**4. Project contact (the person who prepared this form if other than the property owner):**

Name: \_\_\_\_\_ Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**5. Property owner:**

Name: \_\_\_\_\_ Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**DNR OFFICIAL USE ONLY**

- This project amendment meets DNR's *Standards for Rehabilitation*.
- This project amendment meets DNR's *Standards for Rehabilitation* if conditions are met. (see attached for explanation)
- This project amendment does not meet DNR's *Standards for Rehabilitation*. (see attached for explanation)

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DATE

DEPARTMENT OF NATURAL RESOURCES AUTHORIZED SIGNATURE

**AMENDMENT (CONTINUED)**

Historic name of property (if known): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Describe project changes (cont.):

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*(ATTACH ADDITIONAL PAGES AS NEEDED)*