

Louisiana Division of Historic Preservation

Louisiana Historic Rehabilitation Commercial Tax Credit Application



PART 3 – REQUEST FOR PROJECT CERTIFICATION

State Office Use Only
Project No.

Instructions: Upon completion of the rehabilitation, return this form with representative photographs of the completed work (both exterior and interior views) to the Division of Historic Preservation (DHP). Type or print clearly in blue or black ink. The decision of the Division of Historic Preservation with respect to certification is made on the basis of the descriptions in the Part 2 form. In the event of any discrepancy between the application form and other, supplementary material submitted with it (such as architectural plans, drawings and specifications), the application form shall take precedence.

1. **Name of Property:** _____

Address of Property: Street _____

City _____ Parish _____ State Louisiana Zip _____

Is property a contributing element to the district?

yes no

If yes, date of certification by DHP: _____

2. **Data on rehabilitation project:**

The Division of Historic Preservation assigned rehabilitation project number: _____

Project starting date: _____

Phase number _____ of _____ phase(s)

Rehabilitation work on this property was completed and the building placed in service on: _____

Qualified rehabilitation expenditures (Costs solely attributed to the rehabilitation of the historic structure) \$ _____

This dollar amount is reported by the applicant and the Division of Historic Preservation does not certify its accuracy.

Non-qualified rehabilitation expenditures (Costs attributed to new construction associated with the rehabilitation, including additions, site work, parking lots, landscaping) \$ _____

3. **Owned by:** Individual Corporation or Partnership Space on reverse for additional owners.

I hereby request certification for the rehabilitation work described above, for purposes of the State tax incentives. I hereby certify that the information I have provided is, to the best of my knowledge, correct and that I am either the owner of the property or the duly authorized representative of the owning organization. It is believed that the completed rehabilitation meets the U.S. Secretary of the Interior's "Standards for Rehabilitation" and is consistent with the work described in Part 2 of the Louisiana Historic Rehabilitation Commercial Tax Credit Application.

Name _____ Signature _____ Date: _____

Organization _____

Social Security or Taxpayer Identification Number _____

Street _____ City _____

State _____ Zip _____ Phone No. _____ Email _____

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The Division of Historic Preservation has reviewed the "Part 3 – Request for Project Certification" for the above-listed contributing building and has determined:

The completed rehabilitation meets the U.S. Secretary of the Interior's "Standards for Rehabilitation", and is consistent with the historic character of the property and the district in which it is located. Effective the date indicated below, the rehabilitation of the contributing building is hereby designated a certified rehabilitation. A copy of this certification has been provided to the La. Department of Revenue in accordance with State law. This letter of certification is to be used in conjunction with appropriate La. Dept. of Revenue regulations. Questions concerning specific tax consequences or interpretation of R.S. 47:6019 should be addressed to the La. Dept. of Revenue office. Completed projects may be inspected by an authorized representative of the Division of Historic Preservation to determine if the work meets the "Standards for Rehabilitation."

The completed rehabilitation is not consistent with the historic character of the property and the district in which it is located and does not meet the U.S. Secretary of the Interior's "Standards for Rehabilitation." A copy of this form will be provided to the La. Dept. of Revenue.

Date

Authorized Signature: Director of Louisiana Division of Historic Preservation

(225) 342-8160
Office Telephone No.

See Attachments

This line must print on Page 1, otherwise the application will be returned.

Louisiana Division of Historic Preservation



COMMERCIAL TAX CREDIT APPLICATION PART 3

State Office Use Only
Project No:

CONTINUED

Additional Owners:

Name _____

Street _____

City _____ State _____ Zip _____

Social Security or Taxpayer Identification Number: _____

Name _____

Street _____

City _____ State _____ Zip _____

Social Security or Taxpayer Identification Number: _____

Name _____

Street _____

City _____ State _____ Zip _____

Social Security or Taxpayer Identification Number: _____

Name _____

Street _____

City _____ State _____ Zip _____

Social Security or Taxpayer Identification Number: _____

Name _____

Street _____

City _____ State _____ Zip _____

Social Security or Taxpayer Identification Number: _____

Name _____

Street _____

City _____ State _____ Zip _____

Social Security or Taxpayer Identification Number: _____

This line must print on Page 2, otherwise the application will be returned.