



Maryland Historical Trust
Heritage Structure Rehabilitation Tax Credit
COMPETITIVE COMMERCIAL CERTIFICATION APPLICATION
PART 2 – DESCRIPTION OF REHABILITATION

Revised 5/2015

MHT Project Number (MHT office use only)

Instructions: Fill out this form in accordance with the application instructions. This page must bear the applicant's original signature and must be dated. The Maryland Historical Trust's certification decision is based on the descriptions in this application form. In the event of any discrepancy between the application form and other, supplementary materials submitted with it (such as architectural plans, drawings and specifications), the application form shall take precedence.

1. Property Name _____

Street _____

City _____ Zip _____ County

State Legislative District _____ MHT Easement property? Yes No Unknown

2. Project Data

Floor area before / after rehabilitation _____ / _____ sq ft

Use before/ after rehab _____ / _____

of housing units before / after rehab _____ / _____ Includes affordable/workforce housing

Start date (estimated) _____ Completion date (estimated) _____

A Federal Part 2 Application (Description of Rehabilitation) has been certified for this project Date of certification _____

Check if you are applying for the additional 5% LEED Gold or equivalent certification

CHECK IF YOU ANTICIPATE RECEIVING ANY OF THE FOLLOWING ADDITIONAL FUNDING FOR THE PROPOSED PROJECT

Insurance claim reimbursement funds Other local and/or state funding (i.e. grants or loans) Specify funding source _____

*Estimated qualified rehabilitation expenditures should not include additional state or local funding, insurance reimbursements or ineligible expenses including new construction, site work, appliances, etc.

***Estimated Qualified Rehabilitation Expenditures**
FINAL TOTAL ALLOWABLE QUALIFIED REHABILITATION EXPENDITURES CANNOT EXCEED THIS AMOUNT

3. Project Contact (if different from applicant)

Name _____ Company _____

Street _____ City _____ State _____

Zip _____ Telephone _____ Email Address _____

4. Applicant

I hereby attest that the information I have provided is, to the best of my knowledge, correct. I further attest that the structure is not owned by the State of Maryland, a political subdivision of the State or the Federal government and that [check one box as applicable] (1) I am the fee-simple owner of the above-described property or (2) if I am not the fee-simple owner of the above-described property, the fee-simple owner is aware of the action I am taking relative to this application and has no objection, as noted in a written statement from the owner, a copy of which either is attached to this application form and incorporated herein, or has been previously submitted. I understand that intentional falsification of factual representations in this application is subject to civil penalties and imprisonment for up to 10 years pursuant to Tax General Article, §§ 13-703 and 13-1002(b), Annotated Code of Maryland.

Name _____ Signature _____ Date _____

Organization _____

Street _____ City _____ State _____

Zip _____ Telephone _____ Email Address _____

MHT Official Use Only

The Maryland Historical Trust has reviewed the *Heritage Structure Rehabilitation Tax Credit Application – Part 2* for the above-named property and has determined that the proposed rehabilitation described herein:

- is consistent with the Secretary of the Interior's Standards for Rehabilitation. A final certification can be issued only after the rehabilitation work is completed as herein described and a Part 3 Application is submitted and approved.
- is consistent with the Secretary of the Interior's Standards for Rehabilitation if the attached conditions are met. A final certification can be issued only after the rehabilitation work is completed as herein described and a Part 3 Application is submitted and approved.
- is not consistent with the Secretary of the Interior's Standards for Rehabilitation and therefore certification is denied.

Date _____ Maryland Historical Trust Authorized Signature _____

MHT conditions or comments attached

COMPETITIVE COMMERCIAL CERTIFICATION APPLICATION
PART 2 – DESCRIPTION OF REHABILITATION

Property name _____

Property address _____

5. Detailed description of rehabilitation work Use this page to describe all work or create a comparable format with this information.
Number items consecutively to describe all work, including building exterior and interior, additions, site work, landscaping, and new construction.

Number	Feature _____	Date of Feature _____
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Describe existing feature and its condition

Photo numbers _____ Drawing numbers _____

Describe work and impact on feature

Number	Feature _____	Date of Feature _____
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Describe existing feature and its condition

Photo numbers _____ Drawing numbers _____

Describe work and impact on feature

Number	Feature _____	Date of Feature _____
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Describe existing feature and its condition

Photo numbers _____ Drawing numbers _____

Describe work and impact on feature

Add Item	Delete Item
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Maryland Historical Trust
Heritage Structure Rehabilitation Tax Credit
COMPETITIVE COMMERCIAL CERTIFICATION APPLICATION
FY2017 WORKSHEET

Property Name _____
 Property Address _____
 Owner Name _____
 Address _____
 Contact Name _____ Telephone _____ Email _____
 Address _____

Instructions: This worksheet must accompany the Part 2 of the competitive commercial application. Some of the entries require attachments, including letters, statements and maps. Attachments must be manually inserted *directly* behind the page for the respective question. DO NOT put this document or any other part of the application in plastic sleeves, a binder or folder. Photographs (if any) may be printed on stock paper and labeled. When you have completed this worksheet, please staple the entire worksheet together and include the attachments behind the corresponding page. Failure to complete the worksheet or failure to include the appropriate documentation may result in the entire application being returned to the applicant for re-submittal.

1. Project Overview

Existing or historic use of structure:	
Proposed use of structure (list any innovative or unique aspects):	
Number of units before/after rehab _____ / _____	
Notable or unique history of existing structure:	
Notable design aspects of existing structure:	
Property ownership (list any innovative or unique ownership/partnerships, existing and/or proposed):	
Project financing:	

2. Rare example of Architecture- In the box below, provide a brief description of the structure's rare or special architectural qualities that set it apart, along with a list of relevant attachments for additional documentation.

AttachmentsIncluded

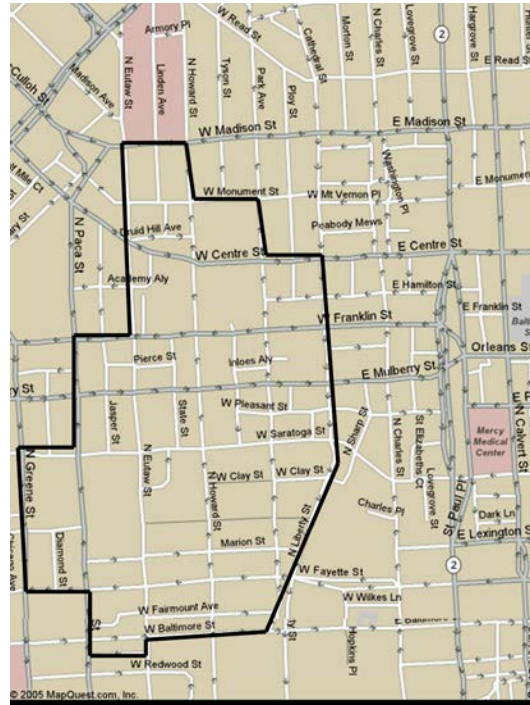
3. Level of Preservation- In the box below, provide a brief statement identifying the specific historic fabric, features or finishes that are being preserved or restored as part of this project (you may reference specific photographs or drawings included with your application as separate attachments).

AttachmentsIncluded

4. Historic Preservation Easement or Memorandum of Agreement/Programmatic Agreement

- A.** Check if the property is protected by a recorded easement held by or enforceable by the Maryland Historical Trust.
Date of recordation _____

- B.** Check if the property is located in the Market Center Urban Renewal Area and area Memorandum of Agreement. If located within the Market Center Urban Renewal Area, please mark the location of the structure within the boundaries of this area by marking it with an "x" in colored ink.



Note: The borders are drawn so that the street names can be discerned. The actual borders of the Market Center Urban Renewal Area (MCURA), for the purposes of the tax incentives, are in the middle of streets or alleys. For example, the west side of Cathedral Street is located within the MCURA but the east side is not, and east side of Green Street between Fayette Street and Saratoga Street is located within the MCURA but the west side is not.

5. Urgency of Need for Rehabilitation- In the box below, provide a statement detailing why the proposed rehabilitation is urgent. Additional letters or structural reports along with photographs detailing the urgency of need for rehabilitation must also be attached separately. Documentation should address issues such as structural integrity, safety or blight.

Attachments Included

6. Consistency with State Growth Policies and Programs

- A.** Check if the project is located within a State Priority Funding Area (PFA). See <http://planning.maryland.gov/ourproducts/pfamap.shtml> and attach the page from the website that lists the street address of the property, and highlight or otherwise clearly mark the address.

Attachment Included

- B.** Check if the project is located within a local jurisdiction that has implemented rural resource protection measures. See http://mht.maryland.gov/documents/pdf/taxcredits_ruralareas_2012.pdf and attach the page from the website that lists the street address of the property, and highlight or otherwise clearly mark the address.

Attachment Included

- C.** Check if the project is located within a Maryland or Baltimore City Main Street Community. Attach the page from the applicable Main Street link below and clearly mark the location of the property on the map.

Attachment Included

[Annapolis.pdf](#)
[Berlin.pdf](#)
[BelAir.pdf](#)
[Cambridge.pdf](#)
[Brunswick.pdf](#)
[Cumberland.pdf](#)
[Chestertown.pdf](#)
[Dundalk.pdf](#)
[Denton.pdf](#)
[Elkton.pdf](#)
[Easton.pdf](#)
[Frostburg.pdf](#)
[FrederickCity.pdf](#)
[HavreDeGrace.pdf](#)
[Middletown.pdf](#)
[MtAiry.pdf](#)
[Oakland.pdf](#)
[PrincessAnne.pdf](#)
[Salisbury.pdf](#)
[TakomaPark.pdf](#)
[Taneytown.pdf](#)
[Thurmont.pdf](#)
[Westminster.pdf](#)

Baltimore City
[Baci_Mainstreets_Map.pdf](#)
[BelAir_Edison.pdf](#)
[Brooklyn.pdf](#)
[EastMonument.pdf](#)
[FederalHill.pdf](#)
[FellsPoint.pdf](#)
[Hamilton_Lauraville.pdf](#)
[Highlandtown.pdf](#)
[PennsylvaniaAve.pdf](#)
[Pigtown.pdf](#)
[Waverly.pdf](#)

- D. Check if the project design team includes a USGBC LEED accredited design professional. In the box below, provide the name of the individual, specify their role in the development of this project, and attach a copy of the individual's LEED accreditation documents.

Attachment Included

7. Areas with Regulatory Streamlining

- Check if the project is located within an area of a local jurisdiction that has adopted regulatory streamlining initiatives. Attach the page from the applicable link below and clearly mark the property on the map.

Attachment Included

<http://planning.maryland.gov/PDF/Maps/RegulatoryStreamline/AaCo1.pdf>

<http://planning.maryland.gov/PDF/Maps/RegulatoryStreamline/AaCo2.pdf>

<http://planning.maryland.gov/PDF/Maps/RegulatoryStreamline/AaCo3.pdf>

<http://planning.maryland.gov/PDF/Maps/RegulatoryStreamline/AaCo4.pdf>

<http://planning.maryland.gov/PDF/Maps/RegulatoryStreamline/AaCo5.pdf>

<http://planning.maryland.gov/PDF/Maps/RegulatoryStreamline/BelAir.pdf>

<http://planning.maryland.gov/PDF/Maps/RegulatoryStreamline/Cumberland.pdf>

<http://planning.maryland.gov/PDF/Maps/RegulatoryStreamline/Leonardtown.pdf>

<http://planning.maryland.gov/PDF/Maps/RegulatoryStreamline/Carroll1.pdf>

<http://planning.maryland.gov/PDF/Maps/RegulatoryStreamline/Carroll2.pdf>

<http://planning.maryland.gov/PDF/Maps/RegulatoryStreamline/Carroll3.pdf>

<http://planning.maryland.gov/PDF/Maps/RegulatoryStreamline/Carroll4.pdf>

8. Affordable and Workforce Housing

- Check if the project includes affordable or workforce housing. Go to the Competitive Commercial Tax Credit [Homepage](#) and download the affordable housing worksheet on the left sidebar. Attach the worksheet.
- Attachment Included

Enter the number of years for which the affordable or workforce housing commitment will be in place. _____

Note: If you indicate that the project will include Affordable or Workforce Housing and complete the calculator worksheet, you will be required to report on how the project met your affordable and workforce housing commitment described in the worksheet calculator as part of your submittal of the Part 3 Application for certification of completed work.

9. Economic Benefit

Attach a copy of the Maryland Department of Assessments and Taxation (MDAT) Real Property Data Search for your property. Go to <http://www.dat.state.md.us/> and click on [Real Property Data Search](#) and print out the report for your particular property and attach it directly behind this page.

- Attachment Included

Divide the Estimated Qualified Rehabilitation Expenditures by the assessed value of *the improvements* (as shown on the MDAT report) to determine the percentage by which expenditures exceed the assessed value. See the equation below:

	Example	
Estimated Qualified Rehab Expenditures	\$750,000.00	
MDAT Value of Improvements	\$138,920.00	
_____ X 100 = <i>n</i> %		_____ X 100 = 539 %

Input your calculation here:

\$

\$ X 100 = %

10. Verification of Financial Readiness

Attach letters of commitment from financial institutions, investors and any other financial contributors that verify the commitment of funding for the rehabilitation project for which tax credits are being sought.

- Attachments Included

11. 501 (c)(3) Status

- Check if the property is owned, or will be owned prior to completion of the rehabilitation, by a charitable organization recognized under section 501(c)(3) of the Internal Revenue Code. Attach proof of the organization's 501(c)(3) status directly behind this page. You can look up the charitable status of organizations at <http://www.irs.gov/charities/index.html>.
- Attachments Included

MANDATORY APPLICATION CHECKLIST

Property Address _____

Instructions: After completing your Part 1 and Part 2 applications, print and fill out this checklist to ensure that your application contains at least the minimum documentation required for MHT staff review.

- APPLICATION FORMS-** I filled in all applicable fields for the Part 1 and Part 2 Applications. I understand that MHT staff may not fill in any missing information on behalf of me; therefore if my application is missing information it will be returned.
- SIGNATURE-** I signed and dated the Part 1 and Part 2 applications after printing.
- OWNERSHIP-** If I am not the fee-simple owner of the property, I have provided a written statement from the fee-simple owner indicating that he or she is aware of the application and has no objection to the request for certification.
- DESCRIPTION OF REHABILITATION WORK-** I have described ALL proposed work planned to the interior and exterior of my property, including ineligible work items that I do not anticipate receiving a tax credit for. I understand that all work must meet the Secretary of the Interior's *Standards* and be reviewed and approved by MHT.
- SUPPLEMENTARY MATERIALS-** If applicable to my project, I have attached historic district maps, site plans, demolition plans, architectural plans, HVAC plans, replacement window/door drawings and/or product specifications.
- PHOTOGRAPHS-** I have included 1 set of clear, color photographs on 4"x6" photo paper with digital copies provided on a CD or thumb drive.
- REVIEW FEE-** I have included a \$250 non-refundable Part 2 review fee with the check made payable to the Maryland Historical Trust.
- PART 2 WORKSHEET-** I have completed the Part 2 FY2016 Worksheet and included all required attachments.
- DUPLICATE COPY OF ALL APPLICATION MATERIALS-** I have made a complete copy of all materials for my records.

IMPORTANT DEADLINES

- Application due August 31, 2016.
- Following review, MHT will mail notice of award and outstanding Part 2 review fee.
- Remainder of Part 2 review fee due 90 days from award notice. The Part 2 Certification Application will not be certified until the full review fee is paid.
- Work must be initiated within 18 months of Part 2 certification. Applicants must submit documentation that work has been initiated by the deadline.
- All work must be completed within 30 months of the Part 2 certification (extensions may be granted at the discretion of the Director of MHT).
- The Part 3 Certification Application must be submitted within 12 months of the project expiration.

I attest that I have read and understand the Heritage Structure Rehabilitation Tax Credit Application and Instructions.

Name _____ Signature _____ Date _____