

**MASSACHUSETTS HISTORICAL COMMISSION
STATE HISTORIC REHABILITATION TAX CREDIT PROGRAM
HISTORIC PRESERVATION CERTIFICATION APPLICATION
CONTINUATION/AMENDMENT SHEET**

Property Name

Property Address (Street, City, Zip Code)

Project Number: _____

Instructions. Read the instructions carefully before completing. Type, or print clearly in black ink. Use this sheet to continue sections of the application, or to amend an application already submitted. Photocopy additional sheets as needed.

This sheet: continues Description of
Rehabilitation

amends Description of
Rehabilitation

Name _____ Signature _____ Date _____

Street _____ City _____

State _____ Zip _____ Daytime Telephone Number _____

See Attachments