

**MASSACHUSETTS HISTORICAL COMMISSION
STATE HISTORIC REHABILITATION TAX CREDIT PROGRAM
HISTORIC PRESERVATION CERTIFICATION APPLICATION**

PART 1 – EVALUATION OF SIGNIFICANCE

Project No.: _____

Instructions: Read the instructions carefully before completing application. No certification will be made unless a completed application form has been received. Type or print clearly in black ink. If additional space is needed, use continuation sheets or attach blank sheets. A copy of this form may be provided to the Department of Revenue. The decision by the Massachusetts Historical Commission with respect to certification is made on the basis of descriptions in this application 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 _____ State MA Zip _____

- Listed individually in the National Register of Historic Places: _____ give date of listing: _____
- Located in a National Register Historic District as a contributing resource: name of District: _____
- Eligible for listing (previous determined by MHC): _____
- Level of Significance (local, national, NHL) _____
- NPS Project Number (if application for federal tax credits submitted) _____
- No determination of eligibility (submit Form B): _____

2. Project contact:

Name _____
Street _____ City _____
State _____ Zip _____ Daytime Telephone Number _____

3. Owner:

Name _____ Signature _____ Date _____
Organization _____
Social Security or Taxpayer Identification Number _____
Street _____ City _____
State _____ Zip _____ Daytime Telephone Number _____

See attachments (please list): _____

