

**MASSACHUSETTS HISTORICAL COMMISSION
STATE HISTORIC REHABILITATION TAX CREDIT PROGRAM
HISTORIC PRESERVATION CERTIFICATION APPLICATION
PART 3 – REQUEST FOR CERTIFICATION OF COMPLETED WORK**

Property Name

Property Address

Project Number: _____

Instructions. Upon completion of the rehabilitation, return this form with representative photographs of the completed work (both exterior and interior views) to the Massachusetts Historical Commission. A copy of this form will be provided to the Department of Revenue. Type or print clearly in black ink. The decision of the Massachusetts Historical Commission with respect to certification is made on the basis of the 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 _____ County _____ State MA Zip _____

Is property a certified historic structure? yes no If yes, date of certification by MHC: _____
or date of listing in the National Register: _____

2. Data on rehabilitation project:

Massachusetts Historical Commission assigned rehabilitation project number: _____

Project starting date: _____

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

Estimated costs attributed solely to rehabilitation of the historic structure: \$ _____

Estimated costs attributed to new construction associated with the
rehabilitation, including additions, site work, parking lots, landscaping: \$ _____

3. Owner: (space below for additional owners)

I hereby apply for certification of rehabilitation work described above for purposes of the State tax incentives. I hereby attest that the information provided is, to the best of my knowledge, correct, and that, in my opinion the completed rehabilitation meets the Secretary of the Interior's "Standards for Rehabilitation" and is consistent with the work described in the Description of Rehabilitation. I also attest that I own the property described above.

Name _____ Signature _____ Date _____

Organization _____

Social Security or Taxpayer Identification Number _____

Street _____ City _____

State _____ Zip _____ Daytime Telephone Number _____

Additional Owners:

Name _____

Street _____ City _____

State _____ Zip _____ Daytime Telephone Number _____

Social Security or Taxpayer Identification Number _____

Name _____

Street _____ City _____

State _____ Zip _____ Daytime Telephone Number _____

Social Security or Taxpayer Identification Number _____

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Additional Owners (continued):

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

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

Name _____
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State _____ Zip _____ Daytime Telephone Number _____
Social Security or Taxpayer Identification Number _____

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