



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
HISTORICAL PRESERVATION & HERITAGE COMMISSION

Old State House • 150 Benefit Street • Providence, R.I. 02903-1209

TEL (401) 222-2678      FAX (401) 222-2968  
TTY (401) 222-3700      Website [www.rihphc.state.ri.us](http://www.rihphc.state.ri.us)

**HISTORIC PRESERVATION TAX CREDIT**  
**PART 2 Application: Request for Certification of Proposed Rehabilitation (2013)**  
(Complete this form *in addition to* the Federal PART 2 form)

[Application Number (Office use only) \_\_\_\_\_]

Name of property \_\_\_\_\_

Street address of property \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Name of Project Contact Person \_\_\_\_\_

Mailing Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Daytime telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Has a Part 1 Application (Request for Historic Certification) previously been submitted for this project? No\_\_\_ Yes\_\_\_ If yes, date Part 1 was submitted \_\_\_\_\_

If not, is Part 1 being submitted with this Part 2? Yes\_\_\_ No\_\_\_

**Tax Exempt Property:** Under the provisions of RI General Laws 44-3-3, is this property exempt from payment of real property taxes? No\_\_\_ Yes\_\_\_

**Adjusted Basis:** State the adjusted basis for the property on or after July 3, 2013.

\$ \_\_\_\_\_

**Qualified Rehabilitation Expenses** that will be incurred on or after July 3, 2013.

\$ \_\_\_\_\_

**Tax Credit Percent** (20 percent or 25 percent) \_\_\_\_\_ Percent  
(If 25 percent, submit documentation showing area provided for a trade or business)

**Tax Credit Amount** (not more than \$5,000,000) \$ \_\_\_\_\_

**Project Start Date** \_\_\_\_\_

**Project Completion Date** \_\_\_\_\_  
(Attach reasonably detailed project timeline)

**Phased Projects:** Is this a sixty (60) month phased project? No\_\_\_ Yes\_\_\_ (If yes, submit a phasing schedule that identifies planned beginning and ending dates for each phase and describes an identifiable portion of the project that will be completed in each phase.)

**Applicant Information**

Name of Applicant \_\_\_\_\_

Organization \_\_\_\_\_

Social Security Number or Taxpayer Identification Number \_\_\_\_\_

Mailing Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Assurances

I am applying for Rhode Island Historic Preservation Tax Credits in accordance with RI General Law 44-33.6 and the regulations issued by the RI Division of Taxation and the RI Historical Preservation & Heritage Commission.

I will commence substantial construction within twelve (12) months of approval of this application by RIHPHC, and I will not allow this project to remain idle for a period of time exceeding six (6) months.

If hard construction costs for this project are valued at ten million dollars (\$10,000,000) or more, I will assure that any contractor and any subcontractor working on the project shall have an apprenticeship program as required by 44-33.6-8.

Upon completion of this project, I will provide the following information to RIHPHC and the Division of Taxation:

- (1) The number of total jobs created;
- (2) The number of Rhode Island businesses retained for work;
- (3) The total amount of qualified rehabilitation expenditures;
- (4) The total cost of materials or products purchased from Rhode Island businesses.
- (5) The total amount of additional expenses not included as Qualified Rehabilitation Expenditures (and not including cost of acquisition of the property)
- (6) The property tax assessed value at the beginning of the project.
- (7) The property tax assessed value at the end of the project.

I understand that the work performed on this project must comply with the Standards for Historic Rehabilitation issued by the Secretary of the Interior as interpreted by the Rhode Island Historical Preservation & Heritage Commission.

Under penalty of perjury, I declare that I have examined this form, including any accompanying documents and information, and to the best of my/our knowledge, the information and statements are correct and complete. I understand that providing false or misleading information is a violation of law and may subject me to legal penalties.

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Signature of Applicant

Date

If the rehabilitation expenditures are to be incurred by a lessee or anyone other than the fee owner, provide the following **Owner's Information**:

Name of Owner \_\_\_\_\_

Mailing Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Under penalty of perjury, I declare that I have examined this form, including any accompanying documents and information, and to the best of my/our knowledge, the information and statements are correct and complete. I understand that providing false or misleading information is a violation of law and may subject me to legal penalties.

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Signature of Owner

Date