

# TEXAS HISTORICAL COMMISSION

## Texas Historic Preservation Tax Credit Application Part B: Description of Rehabilitation

Read instructions carefully before completing application. No certification will be made unless a completed, signed application form has been received. Type or print clearly in black ink. Signatures must be original. If additional space is needed, attach blank sheets. 12/2014

**State Project ID:**  State Only      **Federal Project ID:**  
 THPTC -        -        -       State and Federal      THC -        -        -

**Property Name:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_  
Street

**Part A – Evaluation of Significance** submitted?  Y  N    Date submitted \_\_\_\_\_    Date of certification \_\_\_\_\_  
 Historic District name \_\_\_\_\_  Not in district      Subject to Local Review by CLG?  Y  N

| Applicant (if different from owner listed below) |       |     |  | Project Contact  |       |     |
|--|-------|-----|--|--|-------|-----|
| Name   |       |     |  | Name   |       |     |
| Company  |       |     |  | Company  |       |     |
| Address  |       |     |  | Address  |       |     |
| City   | State | Zip |  | City   | State | Zip |
| Telephone  | Email |     |  | Telephone  | Email |     |
| Property Owner 1                                 |       |     |  | Property Owner 2 (list additional owners on separate page) |       |     |
| Name   |       |     |  | Name   |       |     |
| Company  |       |     |  | Company  |       |     |
| Address  |       |     |  | Address  |       |     |
| City   | State | Zip |  | City   | State | Zip |
| Telephone  | Email |     |  | Telephone  | Email |     |

| Project Information  |                   |                    |
|--|-------------------|--------------------|
| Number of buildings on site / involved in project:   | # on site _____   | # in project _____ |
| Estimated total / qualified costs of project:  | Total \$ _____    | Qualified \$ _____ |
| Estimated start / completion dates of project:   | Start date _____  | Completion _____   |
| Property use before / after rehabilitation:  | Before _____      | After _____        |
| Check all that apply: <input type="checkbox"/> Non-residential real property (e.g. restaurant, retail, warehouse, or office used by a taxable entity)<br><input type="checkbox"/> Residential rental property <input type="checkbox"/> Tax exempt use property<br><input type="checkbox"/> Owner-occupied <input type="checkbox"/> Leased (Term of lease: _____) |                   |                    |
| Property value before / after rehabilitation (est.):   | Before _____      | After (est.) _____ |
| Floor area before / after rehabilitation (est.):   | Before _____ sqft | After _____ sqft   |
| Number of housing units before / after rehabilitation:   | Before _____      | After _____        |
| Architecture firms, developers, and/or construction companies to be involved in project (optional):  |                   |                    |

**Applicant Agreement**

I hereby swear or affirm, under penalty of perjury, that the information which has been provided in this application is, to the best of my knowledge, true, correct, and complete. I further swear or affirm that I am the owner or have the authority to act on behalf of the owner(s) of the above-described property (within the meaning of *owner* set forth in Title 13, section 13.1 of the Texas Administrative Code). If I am not the owner of this property, the owner(s) is/are aware of the action I am taking relative to this application, has no objection, and has signed below to affirm the same.

|                     |                |      |
|---------------------|----------------|------|
| Applicant Signature | Applicant Name | Date |
| Owner Signature     | Owner Name     | Date |

**THC Official Use Only**

- Application fee received

The Texas Historical Commission has reviewed the Historic Preservation Tax Credit Application – Part B for the above-named property and has determined that:

- The proposed rehabilitation described herein is consistent with the character of the property and, where applicable, with the district in which it is located and that the project meets the Secretary of the Interior’s *Standards for Rehabilitation*. This letter is a preliminary determination only, since a formal certification of rehabilitation can be issued to the owner(s) of a certified historic structure only after rehabilitation work is complete and found to conform to the description provided in this application.
- The proposed rehabilitation will meet the Secretary of the Interior’s *Standards for Rehabilitation* if the attached conditions are met.
- The proposed rehabilitation is not consistent with the historic character of the property or the district in which it is located, and that the project does not meet the Secretary of the Interior’s *Standards for Rehabilitation*.
- There is not enough information to determine whether the proposed rehabilitation will meet the Secretary of the Interior’s *Standards for Rehabilitation*.
- The project (or portions thereof) does not appear to meet the program’s eligibility requirements.

\_\_\_\_\_  
Texas Historical Commission Authorized Signature

\_\_\_\_\_  
Date

**Detailed Description of Rehabilitation Work**

Use this page to describe all work or create a comparable format with this information. Number items consecutively and thoroughly describe all work, including building exterior and interior, additions, site work, landscaping, and new construction.  
 Also specify the dates that work on that feature was, or is anticipated to be, started and completed.

|              |               |                                    |
|--------------|---------------|------------------------------------|
| Number _____ | Feature _____ | Construction date of feature _____ |
|--------------|---------------|------------------------------------|

Describe existing feature and condition:

|                |                  |                    |                      |
|----------------|------------------|--------------------|----------------------|
| Photo numbers: | Drawing numbers: | Date work started: | Date work completed: |
|----------------|------------------|--------------------|----------------------|

Describe work and impact on feature:

|              |               |                                    |
|--------------|---------------|------------------------------------|
| Number _____ | Feature _____ | Construction date of feature _____ |
|--------------|---------------|------------------------------------|

Describe existing feature and condition:

|                |                  |                    |                      |
|----------------|------------------|--------------------|----------------------|
| Photo numbers: | Drawing numbers: | Date work started: | Date work completed: |
|----------------|------------------|--------------------|----------------------|

Describe work and impact on feature: