

**PART 2 - DESCRIPTION OF REHABILITATION**  
**STATE HISTORIC REHABILITATION TAX CREDIT PROGRAM**  
**HISTORIC PRESERVATION CERTIFICATION APPLICATION**

DHR 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 the Continuation/Amendment Form found at the back of this application. A copy of this form may be provided to the Virginia Department of Taxation. The decision by the Virginia Department of Historic Resources 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 VA Zip \_\_\_\_\_

Listed individually in the Virginia Landmarks Register: date of listing: \_\_\_\_\_  
 Located in a registered Historic District: specify: \_\_\_\_\_

Has a Part 1 Application (Evaluation of Significance) been submitted for this project?  yes  no  
If yes, date Part 1 submitted: \_\_\_\_\_ Date of certification: \_\_\_\_\_

NPS Project Number (if application for federal tax credits submitted): \_\_\_\_\_

**2. Data on building and rehabilitation project:**

Date building constructed: \_\_\_\_\_ Total number of housing units before rehabilitation: \_\_\_\_\_  
Type of construction: \_\_\_\_\_ Number that are low-moderate income: \_\_\_\_\_  
Use(s) before rehabilitation: \_\_\_\_\_ Total number of housing units after rehabilitation: \_\_\_\_\_  
Proposed use(s) after rehabilitation: \_\_\_\_\_ Number that are low-moderate income: \_\_\_\_\_  
Estimated cost of rehabilitation: \_\_\_\_\_ Floor area before rehabilitation: \_\_\_\_\_  
Floor area after rehabilitation: \_\_\_\_\_

Is this a phased project?  yes  no Number of Phases (include a phasing plan): \_\_\_\_\_  
Project/phase start date (est.): \_\_\_\_\_ Completion date (est.): \_\_\_\_\_  
Is the building protected by an easement?  yes  no If yes, list the easement holder? \_\_\_\_\_

**3. Project contact:**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

**4.**

**Owner:**

I declare under penalty of law that the information provided is, to the best of my knowledge, correct, and that I own the property described above. I understand that submission of false records or falsification of anything in communications with the department is grounds for denial of the certification of completed work and is punishable under Virginia and federal law.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Organization \_\_\_\_\_  
Social Security or Taxpayer Identification Number \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

**HIISTORIC PRESERVATION  
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PART 2**

\_\_\_\_\_  
Property Name

\_\_\_\_\_  
Property Address

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**5. DETAILED DESCRIPTION OF REHABILITATION/PRESERVATION WORK – Fully describe all work at the property, including site work, new construction, alterations, etc. Complete below.**

<p><b>Number 1.</b> Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition:          Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p><b>Number 2.</b> Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition:          Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p><b>Number 3.</b> Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition:          Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p><b>Number 4.</b> Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition:          Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>

**HISTORIC PRESERVATION  
CERTIFICATION APPLICATION  
PART 2**

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<p><b>Number 5.</b> Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition:</p> <p>Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p><b>Number 6.</b> Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition:</p> <p>Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p><b>Number 7.</b> Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition:</p> <p>Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p><b>Number 8.</b> Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition:</p> <p>Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>

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<p><b>Number 9.</b> Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition:</p> <p>Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p><b>Number 10.</b> Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition:</p> <p>Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p><b>Number 11.</b> Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition:</p> <p>Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p><b>Number 12.</b> Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition:</p> <p>Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>

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<p><b>Number 13.</b> Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition:           Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p><b>Number 14.</b> Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition:           Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p><b>Number 15.</b> Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition:           Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p><b>Number 16.</b> Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition:           Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>

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<p><b>Number 17.</b> Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition:     Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p><b>Number 18.</b> Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition:     Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p><b>Number 19.</b> Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition:     Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p><b>Number 20.</b> Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition:     Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>

CONTINUATION/AMENDMENT SHEET

Historic Preservation  
Certification Application

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

Property Address \_\_\_\_\_

DHR Project Number: \_\_\_\_\_

**Instructions.** Read the instructions carefully before completing. Type, or print clearly in black ink. Use this sheet to continue sections of the Part 1 and Part 2 application, or to amend an application already submitted. Photocopy additional sheets as needed.

This sheet:     continues Part 1             continues Part 2             amends Part 2             amends Part 3            \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

See Attachments