

**WEST VIRGINIA DIVISION OF CULTURE AND HISTORY
HISTORIC RESIDENTIAL TAX CREDIT APPLICATION
PART 2 - DESCRIPTION OF REHABILITATION**

Office Use Only

Project Number:

(Instructions: Read the instructions carefully before completing the 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. 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 _____ ZIP _____

Name of historic district: _____

- Listed individually in the National Register of Historic Places; give 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: _____ Project No. _____

2. Data on building and rehabilitation project:

Date building constructed: _____	Total number of housing units before rehabilitation: _____
Type of construction: _____	Total number of housing units after rehabilitation: _____
Use(s) before rehabilitation: _____	Floor area before rehabilitation: _____
Proposed use(s) after rehabilitation: _____	Floor area after rehabilitation: _____
Estimated cost of rehabilitation: _____	Project/Phase start date {est.}: _____
	Project Completion date {est.}: _____

3. Project contact:

Name _____
Street _____ City _____
State _____ ZIP _____ Daytime Phone # _____ E-Mail _____

4. Owner: I hereby attest that the information I have provided is, to the best of my knowledge, correct, and that I own the property described above.

Name _____ Signature _____ Date _____
Social Security or Taxpayer Identification Number _____
Street _____ City _____
State _____ ZIP _____ Daytime Phone # _____

SHPO Office Use Only

The State Historic Preservation Office has reviewed the "Historic Residential Tax Credit Application - Part 2" for the above-named property and has determined:

- that the rehabilitation described herein is consistent with the historic character of the property or 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 only to the owner of a "certified historic structure" after rehabilitation work is completed.
- that the rehabilitation or proposed rehabilitation will meet the Secretary of the Interior's "Standards for Rehabilitation" if the attached conditions are met.
- that the rehabilitation or 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." A copy of this form will be provided to the WV Department of Tax & Revenue.

_____ Date

_____ SHPO Authorized Signature

_____ SHPO Office/Telephone No.

See Attachments

HISTORIC RESIDENTIAL
TAX CREDIT APPLICATION -
PART 2

Office Use Only

Property Name _____

Project Number: _____

Property Address _____

Number 1	Architectural feature _____	Describe work and impact on existing feature:
Approximate Date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____		
Number 2	Architectural feature _____	Describe work and impact on existing feature:
Approximate Date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____		
Number 3	Architectural feature _____	Describe work and impact on existing feature:
Approximate Date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____		
Number 4	Architectural feature _____	Describe work and impact on existing feature:
Approximate Date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____		

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Project Number: _____

Property Address _____

Number 5	Architectural feature _____	Describe work and impact on existing feature:
Approximate Date of feature _____		
Describe existing feature and its condition:		
Photo no. _____ Drawing no. _____		
Number 6	Architectural feature _____	Describe work and impact on existing feature:
Approximate Date of feature _____		
Describe existing feature and its condition:		
Photo no. _____ Drawing no. _____		
Number 7	Architectural feature _____	Describe work and impact on existing feature:
Approximate Date of feature _____		
Describe existing feature and its condition:		
Photo no. _____ Drawing no. _____		
Number 8	Architectural feature _____	Describe work and impact on existing feature:
Approximate Date of feature _____		
Describe existing feature and its condition:		
Photo no. _____ Drawing no. _____		

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Project Number: _____

Property Address _____

Number 9	Architectural feature _____	Describe work and impact on existing feature:
Approximate Date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____		
Number 10	Architectural feature _____	Describe work and impact on existing feature:
Approximate Date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____		
Number 11	Architectural feature _____	Describe work and impact on existing feature:
Approximate Date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____		
Number 12	Architectural feature _____	Describe work and impact on existing feature:
Approximate Date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____		

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PART 2

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Property Name _____

Project Number: _____

Property Address _____

Number 13	Architectural feature _____	Describe work and impact on existing feature:
Approximate Date of feature _____		
Describe existing feature and its condition:		
Photo no. _____ Drawing no. _____		
Number 14	Architectural feature _____	Describe work and impact on existing feature:
Approximate Date of feature _____		
Describe existing feature and its condition:		
Photo no. _____ Drawing no. _____		
Number 15	Architectural feature _____	Describe work and impact on existing feature:
Approximate Date of feature _____		
Describe existing feature and its condition:		
Photo no. _____ Drawing no. _____		
Number 16	Architectural feature _____	Describe work and impact on existing feature:
Approximate Date of feature _____		
Describe existing feature and its condition:		
Photo no. _____ Drawing no. _____		