

**HISTORIC PRESERVATION
CERTIFICATION APPLICATION –
PART 1**

Property Name _____

NPS Office Use Only

Project Number: _____

Property Address _____

5. Description of physical appearance:

Date of Construction: _____ Source of Date: _____

Date(s) of Alteration(s): _____

Has building been moved? yes no If so, when? _____

6. Statement of significance:

7. Photographs and maps.

Attach photographs and maps to application

Continuation sheets attached: yes no

UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

HISTORIC PRESERVATION CERTIFICATION APPLICATION
PART 2 – DESCRIPTION OF REHABILITATION

NPS Office Use Only

NRIS No:

NPS Office Use Only

Project No:

Instructions: Read the instructions carefully before completing the applications. No certifications 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. A copy of this form may be provided to the Internal Revenue Service. The decision by the National Park Service 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 _____ Zip _____

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: _____ NPS Project Number: _____

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: _____

This application covers phase number ____ of ____ phases Floor area after rehabilitation: _____

Project/phase start date (est.): _____ Completion date (est.): _____

3. **Project contact:**

Name _____

Street _____ City _____

State _____ Zip _____ Daytime Telephone Number _____

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. I understand that falsification of factual representations in this application is subject to criminal sanctions of up to \$10,000 in fines or imprisonment for up to five years pursuant to 18 U.S.C. 1001.

Name _____ Signature _____ Date _____

Organization _____

Social Security or Taxpayer Identification Number _____

Street _____ City _____

State _____ Zip _____ Daytime Telephone Number _____

NPS Office Use Only

The National Park Service has reviewed the "Historic Certification 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 format 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 described herein 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 Internal Revenue Service.

_____ Date

_____ National Park Service Authorized Signature

_____ National Park Service Office/Telephone No.

See Attachments

UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

HISTORIC PRESERVATION CERTIFICATION APPLICATION
REQUEST FOR CERTIFICATION OF COMPLETED WORK
PART 3

NPS Office Use Only

NRIS No:

Instructions: Upon completion of the rehabilitation, return this form with representative photographs of the completed work (both exterior and interior views) to the appropriate reviewing office. If a Part 2 application has not been submitted in advance of project completion, it must accompany the Request for Certification of Completed Work. A copy of this form will be provided to the Internal Revenue Service. Type or print clearly in black ink. The decision of the National Park Service 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 _____ Zip _____

Is property a certified historic structure? yes no If yes, date of certification by NPS: _____

or date of listing in the National Register: _____

2. **Data on rehabilitation project:**

National Park Service 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: \$ _____

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

3. **Owner:** (space on reverse for additional owners)

I hereby apply for certification of rehabilitation work described above for purposes of the Federal 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's "Standards for Rehabilitation" and is consistent with the work described in Part 2 of the Historic Preservation Certification Application. I also attest that I own the property described above. I understand that falsification of factual representations in this application is subject to criminal sanctions of up to \$10,000 in fines or imprisonment for up to five years pursuant to 18 U.S.C. 1001.

Name _____ Signature _____ Date: _____

Organization _____

Social Security or Taxpayer Identification Number _____

Street _____ City _____

State _____ Zip _____ Daytime Telephone Number _____

NPS Office Use Only

The National Park Service has reviewed the "Historic Certification Application - Part 2" for the above-listed "certified historic structure" and has determined:

that the completed rehabilitation meets the Secretary of the Interior's "Standards for Rehabilitation and is consistent with the historic character of the property or the district in which it is located. Effective the date indicated below, the rehabilitation of the "certified historic structure" is hereby designated a "certified rehabilitation." A copy of this certification has been provided to the Department of the Treasury in accordance with Federal law. This letter of certification is to be used in conjunction with appropriate Internal Revenue Service regulations. Questions concerning specific tax consequences or interpretation of the Internal Revenue Code should be addressed to the appropriate local Internal Revenue Service office. Completed projects may be inspected by an authorized representative of the Secretary to determine if the work meets the "Standards for Rehabilitation." The Secretary reserves the right to make inspections at any time up to five years after completion of the rehabilitation and to revoke certification, if it is determined that the rehabilitation project was not undertaken as presented by the owner in the application form and supporting documentation, or the owner, upon obtaining certification, undertook unapproved further alterations as part of the rehabilitation project inconsistent with the Secretary's "Standards for Rehabilitation."

that the 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 Internal Revenue Service

Date

National Park Service Authorized Signature

National Park Service Office/Telephone No.

See Attachments

REQUEST FOR CERTIFICATION OF COMPLETED WORK, *continued*

_____ NPS Project No.

Additional Owners:

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

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

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

Name _____
Street _____
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CONTINUATION / AMENDMENT SHEET

**Historic Preservation
Certification Application**

Property Name

Property Address

Instructions. Read the instruction 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 1 amends Part 2 NPS Project Number:_____

Name _____ Signature _____ Date _____

Street _____ City _____

State _____ Zip _____ Daytime Telephone Number _____

NPS Office Use Only

- The National Park Service has determined that these project amendments meet the Secretary of the Interior's "Standards for Rehabilitation."
- The National Park Service has determined that these project amendments will meet the Secretary of the Interior's "Standard for Rehabilitation" if the attached conditions are met.
- The National Park Service had determined that these project amendments do not meet the Secretary of the Interior's "Standards for Rehabilitation."

Date National Park Service Authorized Signature National Park Service Office/Telephone No.

See Attachments

CONTINUATION / AMENDMENT SHEET

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Certification Application**

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**Historic Preservation
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Name _____ Signature _____ Date _____

Street _____ City _____

State _____ Zip _____ Daytime Telephone Number _____

NPS Office Use Only

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- The National Park Service has determined that these project amendments will meet the Secretary of the Interior's "Standard for Rehabilitation" if the attached conditions are met.
- The National Park Service had determined that these project amendments do not meet the Secretary of the Interior's "Standards for Rehabilitation."

Date National Park Service Authorized Signature National Park Service Office/Telephone No.

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Certification Application**

Property Name

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