

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF HISTORIC RESOURCES

STATE HISTORIC REHABILITATION TAX CREDIT PROGRAM  
HISTORIC PRESERVATION CERTIFICATION APPLICATION  
PART 1 - EVALUATION OF SIGNIFICANCE

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 continuation sheets or attach blank sheets. *Please note that for properties listed individually in the Virginia Landmarks Register, Evaluation of Significance is not required; however, for all properties the first page of this form is to be used to request state credits, for projects for which application is made for both state and federal credits.*

1. **Name of property:** \_\_\_\_\_  
Address of property: Street: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: VA Zip: \_\_\_\_\_  
Name of historic district: \_\_\_\_\_

2. **Check nature of request:**

- Certification that the building contributes to the significance of the above-named historic district for the purpose of rehabilitation.
- Preliminary determination for individual listing in the Virginia Landmarks Register.
- Preliminary determination that a building outside the period or area of significance contributes to the significance of the district.

3. **Project contact:**

Name: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

4. **Owner**

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

**HISTORIC PRESERVATION CERTIFICATION APPLICATION  
PART 1 - EVALUATION OF SIGNIFICANCE**

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

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

DHR Project No.: \_\_\_\_\_

**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.

\_\_\_\_\_  
Are continuation sheets attached? ?     yes     no

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF HISTORIC RESOURCES

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

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 continuation sheets or attach blank sheets. 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: give date of listing: \_\_\_\_\_

Located in a Registered Historic District: specify: \_\_\_\_\_

Has a Part 1 Application (Evaluation of Significance) been submitted for this project? es o

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: \_\_\_\_\_

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:**

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

Organization \_\_\_\_\_

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

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

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



**HISTORIC PRESERVATION  
CERTIFICATION APPLICATION  
PART 2**

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

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

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

<p><b>Number 5.</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 6.</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 7.</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 8.</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**

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

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

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

<p><b>Number 9.</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 10.</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 11.</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 12.</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**

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

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

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

<p><b>Number 13.</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 14.</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 15.</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 16.</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>

**HISTORIC PRESERVATION  
CERTIFICATION APPLICATION  
PART 2**

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

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

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

<p><b>Number 17.</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 18.</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 19.</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 20.</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>



CONTINUATION/AMENDMENT SHEET

Historic Preservation  
Certification Application

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

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

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

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

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

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

See Attachments

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF HISTORIC RESOURCES

STATE HISTORIC REHABILITATION TAX CREDIT PROGRAM  
HISTORIC PRESERVATION CERTIFICATION APPLICATION  
PART 3 - REQUEST FOR CERTIFICATION OF COMPLETED WORK

DHR Project No. \_\_\_\_\_

**Instructions:** Upon completion of the rehabilitation, submit this form with photographs of the completed work (both exterior and interior views), together with the appropriate review fee. If a Part 2 application has not been previously submitted, it must accompany this Request for Certification of Completed Work. Type or print clearly in black ink. 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.

**Data on property:**

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

Address of property Street: \_\_\_\_\_

City: \_\_\_\_\_ State: Virginia Zip: \_\_\_\_\_

Is this property a certified historic structure?  Yes  No

Individually listed on the Virginia Landmarks Register

Certified as contributing structure in listed historic district (attach VDHR letter of certification)

Certified as eligible for individual listing on the Virginia Landmarks Register (attach VDHR letter of certification)

**Data on rehabilitation project:**

Project starting date: \_\_\_\_\_

This application covers number \_\_\_\_\_ of \_\_\_\_\_ phases.

Date of final Certificate of Occupancy (or, if no Certificate of Occupancy was issued, date rehabilitation work was completed):  
\_\_\_\_\_

Costs attributed solely to the rehabilitation of the historic structure:

\$ \_\_\_\_\_ (If over \$100,000 attach CPA certification)

Costs attributed to new construction associated with the rehabilitation, including additions, site work, parking lots, landscaping:

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

Assessed value of the building in the year prior to the start of the rehabilitation project:

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

As defined under §58.1-339.2, the building:  is owner-occupied  is not owner-occupied

Following rehabilitation, the building will be used for:

Owner-occupied single-family residence

Rental housing

Market rate Number of units: \_\_\_\_\_

Low/moderate income Number of units: \_\_\_\_\_

Assisted living Number of units: \_\_\_\_\_

Office/commercial space

Retail space

Industrial space

Hotel/Bed and Breakfast/Inn

Other: \_\_\_\_\_

**Data on ownership and Request for Certification:**

I hereby apply for certification of rehabilitation work described above for purposes of the State tax incentives. I declare under penalty of law 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.

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

(If there is more than one owner, Disclosure of Ownership Form must be attached.)

Organization: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

I attest that I have, or am the authorized representative of an entity that has, a possessory interest in the property:

- I am the owner or an authorized representative of the owner. (Attach list of additional owners if necessary)
- I am a lessee or an authorized representative of a lessee which actually incurred the rehabilitation expenditures.
- The credit is being claimed under a landlord-tenant pass-through arrangement. I am a lessee or an authorized representative of a lessee under a lease term of 5 years or longer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

See Attachments