



Department of Economic and  
Community Development

State Historic Preservation Office

CONNECTICUT HISTORIC REHABILITATION TAX CREDIT (C.G.S. §10-416C)  
PART 2 APPLICATION: REQUEST FOR APPROVAL OF PROPOSED REHABILITATION PLAN

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1. BUILDING DATA

- a. Building Name: \_\_\_\_\_  
Address: Street: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_
- b. SHPO Project # \_\_\_\_\_
- c. The property is individually listed on the  National Register of Historic Places  
 State Register of Historic Places

Date of listing: \_\_\_\_\_

Or

Approval date of Part 1, "Determination of Historic Structure Status," Form ITC-300: \_\_\_\_\_

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2. CONTACT & OWNER INFORMATION

- a. Contact Name \_\_\_\_\_  
Title \_\_\_\_\_  
Business Entity \_\_\_\_\_  
Address: Street \_\_\_\_\_  
Town \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone # \_\_\_\_\_ Email address \_\_\_\_\_

- b. Owner Name \_\_\_\_\_  
Title \_\_\_\_\_  
Business Entity \_\_\_\_\_  
Address: Street \_\_\_\_\_  
Town \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone # \_\_\_\_\_ Email address \_\_\_\_\_  
Taxpayer SSN, FEIN or Tax Identification Number \_\_\_\_\_

- c. Attachments
- Certificate of Title or Title Insurance Policy
- Statement of Authorization to Apply

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3. REHABILITATION PROJECT DATA

a. Total square footage: Before: \_\_\_\_\_  
After: \_\_\_\_\_

Square footage residential: \_\_\_\_\_ Square footage nonresidential: \_\_\_\_\_

Number of residential units: \_\_\_\_\_

Estimated Project Start Date: \_\_\_\_\_ Estimated Project Completion Date: \_\_\_\_\_

Number of Phases: \_\_\_\_\_ Time Frames: \_\_\_\_\_

Estimated Total Construction Costs: \_\_\_\_\_

b. Affordable housing data

Unit type and number \_\_\_\_\_ proposed  rent or  sale price \_\_\_\_\_

Unit type and number \_\_\_\_\_ proposed  rent or  sale price \_\_\_\_\_

Unit type and number \_\_\_\_\_ proposed  rent or  sale price \_\_\_\_\_

Municipality median income \_\_\_\_\_

c. Are you applying for tax credits under the federal historic preservation tax incentives program?

yes  no

1. If yes, fill in below

Date of approved federal Part 2-Description of Rehabilitation: \_\_\_\_\_

Date signed, SHPO Review and Recommendation Sheet: \_\_\_\_\_

2. If no, please provide the following information:

Description of Rehabilitation Plan

Architectural Drawings (incl. Site Plan, HVAC and Structural Plans)

Photographs

Other data, specify: \_\_\_\_\_

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4. SIGNAGE AND ACKNOWLEDGEMENT REQUIREMENT

a. Attachment

Notarized Form

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5. OWNER CERTIFICATION

I HEREBY ATTEST THAT I AM THE OWNER OR AUTHORIZED AGENT OF THE OWNER OF THE BUILDING DESCRIBED ABOVE AND THAT THE INFORMATION I HAVE PROVIDED IS, TO THE BEST OF MY KNOWLEDGE, CORRECT. I UNDERSTAND THAT FALSIFICATION OF FACTUAL REPRESENTATIONS IN THE APPLICATION MAY BE SUBJECT TO LEGAL SANCTIONS.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

6. PREPARER (CONSULTANT) CERTIFICATION

I HEREBY ATTEST THAT I PREPARED THE APPLICATION FOR THE ABOVE-REFERENCED PROJECT AND THAT THE INFORMATION I HAVE PROVIDED IS, TO THE BEST OF MY KNOWLEDGE, CORRECT. I UNDERSTAND THAT FALSIFICATION OF FACTUAL REPRESENTATIONS IN THE APPLICATION MAY BE SUBJECT TO LEGAL SANCTIONS.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**

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The CT State Historic Preservation Office has reviewed the Part 2 application, "Request for Approval of Proposed Rehabilitation Plan," for the above-listed building and has determined that:

- The proposed rehabilitation plan described herein meets the *Standards*. This is a preliminary approval only, since certification of rehabilitation can be issued to the owner of a certified historic structure only after the rehabilitation is completed.
- The proposed rehabilitation plan described herein meets the *Standards* **provided** the attached conditions are met prior to filing an application for a preliminary certification and reservation of tax credits.
- The proposed rehabilitation plan described herein does not meet the *Standards*. Comments attached.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date



SIGNAGE AND ACKNOWLEDGEMENT FORM

INSTRUCTIONS: Complete all sections of the form. Sign and date in the presence of a Commissioner of the Superior Court or Notary Public. Submit to the SHPO with the Part 2 Application: Request for Approval of Proposed Rehabilitation Plan.

CERTIFICATION:

I, the undersigned Owner, certify that (1) I am authorized to execute the attached application on behalf of the business entity named below and (2) I agree to the following terms as a condition of the approval of the Part 2 Application: Request for Approval of Proposed Rehabilitation Plan:

- 1. In any news release or printed material promoting rehabilitation of the subject property, the Applicant must give credit, prominently placed, to the Connecticut State Historic Preservation Office of the DECD by including the following statement and the DECD/SHPO logo: <<Subject Property>> received support for this project in part from the Historic Rehabilitation Tax Credit Program (C.G.S. §10416c) administered by the State Historic Preservation Office, Department of Economic and Community Development.
2. The SHPO will be consulted prior to scheduling public events such as a ribbon cutting or a ground breaking and will be afforded to opportunity to provide remarks at such an event.
3. Applicant must erect and maintain a project sign at the project site. This sign must: be of reasonable and adequate design and construction to withstand weather exposure; be of a size that can be easily read from the public right-of-way; and be maintained in place throughout the project term. At a minimum the sign must contain the following statement: "Construction of the <<Subject Property>> is being supported in part by Historic Rehabilitation Tax Credit Program (C.G.S. §10-416c) administered by the CT State Historic Preservation Office, Department of Economic and Community Development." Photographs of the sign must be submitted to the SHPO at the start of the construction process.

OWNER NAME (PRINT)

OWNER SIGNATURE

BUSINESS ENTITY

SWORN AND SUBSCRIBED BEFORE ME ON THIS DAY OF , 20.

COMMISSIONER OF THE SUPERIOR COURT OR NOTARY PUBLIC