



Department of Economic and  
Community Development

State Historic Preservation Office

CONNECTICUT HISTORIC REHABILITATION TAX CREDIT (C.G.S. §10-416c)

PART 3 APPLICATION: REQUEST FOR PRELIMINARY CERTIFICATION AND RESERVATION OF TAX CREDITS

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1. BUILDING DATA

a. Building Name \_\_\_\_\_

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

Town: \_\_\_\_\_

Zip: \_\_\_\_\_

b. SHPO Project # \_\_\_\_\_

c. Approval date of Part 2 application (Request for Approval of Proposed Rehabilitation Plan): \_\_\_\_\_

d. Attachments

Copy of SHPO approval of Part 2 application

Copy of SHPO approval of Part 2 amendment(s)

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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

Certificate of Legal Existence

Statement of Authorization to Apply

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3. DOCUMENTATION OF PROJECT READINESS

a. Sources of project financing

- Attachment 3A
- Letters of Funding Intent
- Letters of Funding Commitment
- Pro Forma

b. List federal, state, and/or local land use and other development regulatory requirements and indicate status of approval process.

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_
- (6) \_\_\_\_\_

c. Attach statement of project consistency with stated municipal or regional land use development goals and objectives, including historic preservation, housing or smart growth initiatives.

d. Code compliance requirements

- Attachment 3B

e. Eligibility for 30% tax credit

- DECD Affordable Housing Certificate

f. Attachments

- Construction schedule
- List of project team members including the level of experience the team has with similar projects. Include project size, scope and whether completed on time.
- Letters of support
- Certified copy of one or more municipal resolutions
- Copy of one or more permits
- Certified copy of Certificate of Appropriateness
- Letter from federal agency or State Historic Preservation Office of compliance with historic preservation regulations under Section 106
- Other, specify: \_\_\_\_\_
- Other, specify: \_\_\_\_\_

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4. DOCUMENTATION OF CONFORMANCE WITH DECD AND SHPO MISSION

- Attachment 3C
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5. ESTIMATED QUALIFIED REHABILITATION EXPENDITURES

- a. Total structure and land improvement costs \_\_\_\_\_
- b. Qualified rehabilitation expenditures \_\_\_\_\_
- c. Amount of Tax Credit Requested: 25% of Line b \_\_\_\_\_  
or 30% of Line b \_\_\_\_\_

d. Attachments

- Attachment 3D: Schedule of Values Historic Preservation Tax Credit program
  - Application Fee (\$1,000.00), if applicable
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6. SUBSTANTIAL REHABILITATION TEST

- a. Assessed value of certified historic structure \_\_\_\_\_
- b. 25% of assessed value \_\_\_\_\_

c. Attachments

- Certified copy of assessment from municipal legal records
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7. OWNER CERTIFICATION

I HEREBY ATTEST THAT I AM 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: \_\_\_\_\_

8. 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**

The Connecticut State Historic Preservation Office has reviewed the Part 3 application, "Request for Preliminary Certification and Reservation of Tax Credits" for the above-listed building and has determined that:

- The certification documentation is in accordance with the requirements of the Historic Rehabilitation Tax Credit Program (C.G.S. §10-416c)
- The total qualified rehabilitation expenditures meet the substantial rehabilitation test under C.G.S. §10-416c
- A Reservation of Tax Credits has been approved for state fiscal year \_\_\_\_\_ in the amount of \_\_\_\_\_ . A numbered Reservation Certificate is attached.

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

\_\_\_\_\_  
Date

**ATTACHMENT 3A: SOURCES OF PROJECT FINANCING  
USE CONTINUATION SHEET, IF NECESSARY**

Source	Type of Funds	Name of Program and Agency	Amount	Awarded (Y,N)	Deadline for anticipated funding
Federal					
State					
Municipal					
Private					
<b>TOTAL</b>					

**ATTACHMENT 3B: CODE REQUIREMENTS  
USE CONTINUATION SHEET, IF NECESSARY**

	Type of code	Code Requirement	Citation	Status of Approvals
1				
2				
3				
4				
5				
6				

**ATTACHMENT 3C: DOCUMENTATION OF CONFORMANCE WITH DECD AND SHPO MISSION  
USE CONTINUATION SHEET AS NECESSARY**

- (1) How many permanent jobs will the rehabilitation create?
  
- (2) Has the project received any other funding from programs managed by DECD?
  
- (3) How will this project address an unmet need within its surrounding neighborhood, municipality and/or region?
  
- (4) Is the project related to Transit Oriented Development, Public Transit and Pedestrian Environment:
  - a. Is the project within walking distance (half mile) of an existing or planned commuter rail station or bus stop?
  
  - b. Does the property have any features nearby that would enhance walk-ability or bike-ability? (example: complete streets design features, sidewalks, street trees, bicycle lanes, etc.)
  
- (5) Does the project support initiatives with the Office of the Arts or Office of Tourism?
  
- (6) Does the project conform to the goals of the SHPO's statewide Preservation Plan?
  
- (7) Does the rehabilitation incorporate any innovative preservation technologies?

**ATTACHMENT 3D: SCHEDULE OF VALUES**

1	2	3	4	5	6	7
LINE	DIV	DIV/TRADE ITEM	INELIGIBLE	ELIGIBLE	Costs Incurred Prior to Part 2 Approval	TOTAL EXPENSE
1	2	SITE TESTING/HAZARDOUS MATERIALS				
2	2	ENVIRONMENTAL REMEDIATION: SITE				
3	2	ENVIRONMENTAL REMEDIATION: CERTIFIED HISTORIC STRUCTURE <sup>1</sup>				
4	2	SITE GRADING & EXCAVATION <sup>2</sup>				
5	2	OTHER SITE WORK <sup>3</sup> specify _____ _____ _____				
6	2	LANDSCAPING <sup>4</sup>				
7	2	SURFACE PARKING, ROADS AND WALKWAYS				
8	2	GARAGES/ STRUCTURED PARKING FACILITY				
9	2	DEMOLITION: SEPARATE BUILDINGS AND/OR STRUCTURES				
10	2	DEMOLITION: GENERAL <sup>5</sup>				
11	2	DEMOLITION: SELECTIVE <sup>6</sup>				
12	2	SITE UTILITIES				
13	3	NEW CONCRETE <sup>7</sup>				
14	3	CONCRETE REPAIRS				
15	4	MASONRY NEW, REPAIR and REPOINTING				
16	4	CONCRETE/MASONRY CLEANING				
17	5	METALS				
18	6	ROUGH CARPENTRY				
19	6	FINISH CARPENTRY				
20	7	MOISTURE PROTECTION				

<sup>1</sup> Includes abatement of hazardous materials, termite control, or mold

<sup>2</sup> Eligible work only if in conjunction with approved addition for building or life-safety code

<sup>3</sup> Includes hydrology systems and retaining walls

<sup>4</sup> Includes lawns, plantings, and fencing

<sup>5</sup> Includes all work to a certified historic structure required to remove deteriorated materials

<sup>6</sup> Includes only costs associated with approved removal of sections of the building owing to documented structural failure or for the purpose of new construction to recreate documented historic appearance

<sup>7</sup> Line items Nos. 13 through 17 refer only to work to the certified historic structure



LINE	DIV	DIV/TRADE ITEM	INELIGIBLE	ELIGIBLE	Costs Incurred Prior to Part 2 Approval	TOTAL EXPENSE
21	7	INSULATION				
22	7	ROOFING				
23	7	SHEET METAL				
24	7	SIDING (INCLUDES REMOVAL OF NON-HISTORIC, REPAIR, REPLACEMENT)				
25	8	DOORS AND HARDWARE				
26	8	WINDOWS AND GLAZING				
27	9	ACOUSTICAL TILE				
28	9	DRYWALL				
29	9	CERAMIC TILE				
30	9	WOOD FLOORING				
31	9	RESILIENT FLOORING				
32	9	CARPETING				
33	9	PAINTING (INTERIOR AND EXTERIOR)				
34	10	SPECIALTIES				
35	11	CABINETS & VANITIES				
36	11	APPLIANCES				
37	12	BLINDS, SHADES, AND ARTWORK				
38	13	SPECIAL CONSTRUCTION: SEPARATE NEW BUILDINGS				
39	13	ADDITION: NON-CODE REQUIRED				
40	13	ADDITION: CODE REQUIRED				
41	13	ADDITION: HANDICAPPED ACCESS				
42	13	NEW CONSTRUCTION: RECONSTRUCTION				
43	15	ELEVATORS				
44	15	PLUMBING				
45	15	HVAC				
46	15	FIRE SUPPRESSION				
47	16	ELECTRICAL (BUILDING ONLY)				
48		RENTAL EQUIPMENT, specify: <sup>8</sup> _____ _____ _____				
49		GREEN ROOFS				

<sup>8</sup> Includes dumpsters, scaffolding etc.

Line	DIV	DIV/TRADE ITEM	INELIGIBLE	ELIGIBLE	Costs Incurred Prior to Part 2 Approval	TOTAL EXPENSE
50	N/A	TOTAL STRUCTURE AND LAND IMPROVEMENTS Column 7				
51	N/A	PERMITS AND FEES				
52	N/A	CONTRACTOR BOND PREMIUM				
53	N/S	TOTAL CONSTRUCTION COSTS Sum of LINES 50-52				
54	N/A	TOTAL INELIGIBLE COSTS: Column 4				
55	N/A	TOTAL ELIGIBLE COSTS: Column 5				
56	N/A	TOTAL COSTS INCURRED PRIOR TO PART 2 APPROVAL: Column 6				
57	N/A	GENERAL REQUIREMENTS and BUILDER'S OVERHEAD AND PROFIT: Not to exceed 15% of LINE 55				
58	N/A	<b>TOTAL QUALIFIED REHABILITATION EXPENDITURES</b> Sum of LINES 55 and 57				

**FORM PREPARED FOR:**

PROPERTY: NAME: \_\_\_\_\_

ADDRESS: STREET \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SHPO PROJECT # \_\_\_\_\_

OWNER: NAME \_\_\_\_\_

BUSINESS ENTITY \_\_\_\_\_

ADDRESS: STREET \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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**SCHEDULE OF VALUES FORM (LINES 1-58, COLUMNS 4-7) PREPARED BY:**

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

BUSINESS ORGANIZATION \_\_\_\_\_

ADDRESS: STREET \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

CT LICENSE # \_\_\_\_\_

I hereby certify that the information I have provided on construction costs is, to the best of my knowledge, correct.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_