



Department of Economic and  
Community Development

State Historic Preservation Office

CONNECTICUT HISTORIC REHABILITATION TAX CREDIT (C.G.S. §10-416c)  
PART 2 APPLICATION AMENDMENT FORM

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1. BUILDING DATA

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

Address: Street \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

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

Date approved, Part 2 application "Request for Approval of Proposed Rehabilitation Plan": \_\_\_\_\_

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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 \_\_\_\_\_

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3. DESCRIPTION OF PROPOSED AMENDMENT

- Adding Work Item
- Deleting Work Item
- Modifying Existing Work Item
- Part 2 Approval Condition

Attachments

- Photographs

- Architectural Drawings
- Other, specify: \_\_\_\_\_

Number each amendment. Use additional sheets if necessary

Amendment Number: \_\_\_\_\_ : \_\_\_\_\_

4. 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: \_\_\_\_\_

5. 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 CT State Historic Preservation Office has reviewed the proposed amendment(s) noted below and has determined that:

- Amendment(s) # \_\_\_\_\_ described herein meet(s) the *Standards*.
- Amendment(s) # \_\_\_\_\_ described herein meet(s) the *Standards* **provided** the attached condition(s) are met.
- Amendment(s) # \_\_\_\_\_ described herein does (do) not meet the *Standards*. Comments attached.

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

\_\_\_\_\_  
Date



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PART 2 AMENDMENT FORM

Continuation Sheet