



Department of Economic and
Community Development

State Historic Preservation Office

CONNECTICUT HISTORIC REHABILITATION TAX CREDIT (C.G.S. §10-416C)
PART 4 APPLICATION: REQUEST FOR CERTIFICATION OF COMPLETED REHABILITATION

1. BUILDING DATA

- a. Building Name _____
Address: Street _____ Town _____ Zip: _____
- b. SHPO Project # _____
- c. Date of tax credit reservation: _____ SHPO Reservation # _____
-

2. 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
-

3. REHABILITATION PROJECT DATA

- a. This application covers:
 entire certified historic structure or phase _____ of _____ phases

- b. Date rehabilitation completed and placed in service _____
- Number of residential units placed in service _____
- Number of affordable units placed in service _____
- Square footage of nonresidential space _____
- Square footage of "identifiable portion of building" placed in service _____

- c. Attachments
 - Copy of Certificate of Occupancy
 - Photographs

4. OWNER CERTIFICATION

I hereby apply for certification of completed rehabilitation work for purposes of the State of Connecticut Historic Rehabilitation Tax Credit Program. 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 Connecticut State Historic Preservation Office has reviewed the Part 4 application, "Request for Certification of Completed Rehabilitation," for the above-listed building and has determined that:

- The completed rehabilitation meets the *Standards*.
- The completed rehabilitation does not meet the *Standards*. Comments attached.

Tax credit reservation # _____ is hereby canceled.

Authorized Signature

Date