



Department of Economic and
Community Development

State Historic Preservation Office

CONNECTICUT HISTORIC HOMES REHABILITATION TAX CREDIT PROGRAM

PART 2 APPLICATION AMENDMENT FORM

Building Address: _____

Date Part 2 application (Request for Certification of Proposed Rehabilitation Work) approved _____

Project # _____

Amendment involves: Adding work item Deleting work item Modifying existing work item

Attachments: Photographs Architectural drawings Specifications Other data, specify:_____

DESCRIPTION OF REHABILITATION WORK

Instructions: Describe change(s) to the Part 2 application. Refer to application item number(s). Number each amendment. Indicate budget changes. Use continuation sheets if required.

Number 1

Owner name _____

Organization _____

Address: Street _____

Town _____ State _____ Zip _____

Telephone # _____ FEIN, or CT Tax Registration # _____

Signature of Owner _____ Date _____

OFFICE USE ONLY

Amendment(s) # _____ described herein meet(s) the Standards for Rehabilitation.

Amendment(s) # _____ described herein does (do) not meet the Standards for Rehabilitation. Comments attached.

_____ Date _____

Authorized signature
Department of Economic and Community Development