

HPO Use Only
Project No.:

HISTORIC PRESERVATION CERTIFICATION APPLICATION AMENDMENT SHEET

Property Name and Address

Read the instructions carefully before completing. Use this sheet to amend Part A that has already been submitted.

Check applicable box (es): Income-producing Nonincome-producing

NOTE: If you need more room than is allowed in this section, please use the Continuation Sheet. Please do not type beyond the amount of space given (23 lines) in order to keep this a one-page form.

See Attachments

Name _____ Signature _____ Date _____

Street _____ City _____ State _____ Zip _____

Social Security or Tax Identification Number _____ Daytime Telephone Number _____

State Historic Preservation Office (HPO) Use Only

- The SHPO has determined that these project amendments appear to meet the Secretary of the Interior's "Standards for Rehabilitation."
- The SHPO has determined that these project amendments will appear to meet the Secretary of the Interior's Standards for Rehabilitation if the attached conditions are met.
- The SHPO has determined that these project amendments do not appear to meet the Secretary of the Interior's Standards for Rehabilitation for the attached given reasons.

Deputy SHPO _____ Date _____

HPO Use Only
Project No.:

**HISTORIC PRESERVATION CERTIFICATION APPLICATION
CONTINUATION SHEET**

Property Name and Address

Read the instructions carefully before completing.

This sheet: continues Part A continues amendment continues Attachment 1