

HPO Use Only Project No.:

HISTORIC PRESERVATION CERTIFICATION APPLICATION PART A – DESCRIPTION OF REHABILITATION

Read the instructions carefully before completing. No certification can be made unless a completed application form has been received. The decision by the State Historic Preservation Officer (SHPO) with respect to certification is made on the basis of this application form. In the event of any discrepancy between the application form and other, supplementary material submitted with it (such as architectural plans, drawings, and specifications), the application form shall take precedence.

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

1. **Name of property:** _____ Street _____

City _____ County _____ State _____ Zip _____

- Located in a National Register or Certified Local Historic District; please specify district: _____
- Listed individually in the National Register of Historic Places; give date of listing: _____
- Not currently listed in the National Register, either individually or as a contributing building in a National Register or Certified Local Historic District. A nomination is proposed and listing is anticipated by the time of project completion.

2. **Data on building and rehabilitation project:**

Date building constructed: _____ Estimated rehabilitation expenses: \$ _____
 Use(s) before rehabilitation: _____ Proposed use(s) after rehabilitation: _____
 Floor area before rehabilitation: _____ Floor area after rehabilitation: _____
 Project start date (est.): _____ Completion date (est.): _____

3. **Project Contact:** (if different from owner)

Email Address: _____

Name _____ Daytime Telephone Number _____
 Street _____ City _____ State _____ Zip _____

4. **Owner:** I hereby attest that the information I have provided is correct to the best of my knowledge, and that I own the property described above.

Name _____ Signature _____ Date _____
 Street _____ City _____ State _____ Zip _____
 Social Security or Taxpayer Identification Number _____ Daytime Telephone Number _____

State Historic Preservation Office (HPO) Use Only
The HPO has reviewed "Historic Preservation Certification Application Part A" for the above-named property and the SHPO has determined:
<input type="checkbox"/> that the proposed rehabilitation described herein is consistent with the historic character of the property or the district in which it is located and that the project appears to meet the Secretary of the Interior's Standards for Rehabilitation. This determination is preliminary since a formal certification of rehabilitation can be issued to the owner of a "certified historic structure" only after rehabilitation work is completed.
<input type="checkbox"/> that the proposed rehabilitation appears to meet the Secretary of the Interior's Standards for Rehabilitation if the attached conditions are met. This determination is preliminary since a formal certification of rehabilitation can be issued to the owner of a "certified historic structure" only after rehabilitation work is completed.
<input type="checkbox"/> that the proposed rehabilitation does not appear to be consistent with the historic character of the property or the district in which it is located and that the project does not appear to meet the Secretary of the Interior's Standards for Rehabilitation for the attached reasons.
Deputy SHPO _____ Date _____

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Property Name and Address _____

5. DESCRIPTION OF REHABILITATION WORK—Includes site-work, new construction, alterations, etc. Complete blocks below.

NUMBER 1	Architectural feature <u>Roof</u> Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____	Describe work and impact on existing feature:
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NUMBER 2	Architectural feature <u>Masonry</u> Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____	Describe work and impact on existing feature:
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NUMBER 3	Architectural feature <u>Exterior Woodwork</u> Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____	Describe work and impact on existing feature:
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NUMBER 4	Architectural feature <u>Porch(es)</u> Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____	Describe work and impact on existing feature:
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NUMBER 5	Architectural feature <u>Windows</u> Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____	Describe work and impact on existing feature:
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NUMBER 6	Architectural feature <u>Doors</u> Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____	Describe work and impact on existing feature:
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NUMBER 7	Architectural feature <u>Interior Woodwork</u> Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____	Describe work and impact on existing feature:
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NUMBER 8	Architectural feature <u>Floors</u> Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____	Describe work and impact on existing feature:
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NUMBER 9	Architectural feature <u>Walls</u> Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____	Describe work and impact on existing feature:
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NUMBER 10	Architectural feature <u>Ceilings</u> Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____	Describe work and impact on existing feature:
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NUMBER 11	Architectural feature <u> Kitchen(s) </u> Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____	Describe work and impact on existing feature:
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NUMBER 12	Architectural feature <u> Bathrooms </u> Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____	Describe work and impact on existing feature:
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NUMBER 13	Architectural feature <u> Plumbing </u> Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____	Describe work and impact on existing feature:
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NUMBER 14	Architectural feature <u> Heating/Air Conditioning </u> Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____	Describe work and impact on existing feature:
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NUMBER 15	Architectural feature <u> Electrical </u> Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____	Describe work and impact on existing feature:
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