



Application for Historic Properties Tax Credit
ORDINANCE 2024-23

Part III – Request for Certification of Completed Work

HTC Number (from Part I Application): _____

Instructions: Fill out this form at project completion for review of the rehabilitation costs and determination of project results consistent with Secretary of Interior’s Standards for Rehabilitation.

PROPERTY INFORMATION

Property Name _____

Street Address _____

City _____ Zip _____

APPLICANT INFORMATION

Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Email Address _____

PROJECT CONTACT (if different from applicant)

Name _____

Company _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Email Address _____

PROJECT DATA

Project Start Date _____

Project Completion Date _____

Total Rehabilitation Costs _____

Total Ineligible Expenses - _____

Total Qualified Rehabilitation Expenditures (QRE) = _____

APPLICATION CHECKLIST

Application Form – I have filled in all applicable fields. (Check Equivalent Documentation below if applicable)

Signature – I signed and dated the Part 3 application

Itemized Expense Spreadsheet – I have included a spreadsheet of all my itemized expenses, with eligible and ineligible expenses clearly delineated. For each item on the spreadsheet, I have included supporting documentation consisting of BOTH (1) a copy of the invoice or receipt, showing which goods or services were purchased, and (2) certifiable proof of payment such as a credit card receipt or cancelled check.

Photographs – I have attached photographs to support the description of work.

Equivalent Documentation – I am attaching an equivalent documentation packet for review.

I attest that I have read and understand the Historic Properties Tax Credit Application and that the information provided in this application is true, complete and accurate to the best of my/our knowledge and belief; and that the completed rehabilitation is consistent with the work described in Part 2 of the application process. I hereby apply for certification of rehabilitation work described for the purposes of a Washington County Historic Properties Tax Credit.

Signature of Applicant

Printed Name of Applicant

Date

Signature of Applicant

Printed Name of Applicant

Date

Historic District Commission Use Only

The Historic District Commission has reviewed the Application for Historic Properties Tax Credit – Part III for the above-named property and has determined that:

The completed rehabilitation is consistent with the Secretary of the Interior’s Standards for Rehabilitation and is consistent with the historic character of the property and where applicable, the district in which it is located. Completed projects may be inspected by an authorized representative of the HDC to determine if the work meets the Standards for Rehabilitation. The HDC reserves the right to make inspections at any time up to five years after completion of the rehabilitation and to revoke certification, if it is determined that the rehabilitation project was not undertaken as presented by the owner in the application form and supporting documentation, or the owner, upon obtaining certification, undertook unapproved further alterations as part of the rehabilitation project inconsistent with the Secretary’s Standards for Rehabilitation.

The completed rehabilitation is not consistent with the Secretary of the Interior’s Standards for Rehabilitation, eligibility requirements, and/or does not comply with program requirements and therefore certification is denied

Date of HDC Review

OWNER'S REPRESENTATIVE AFFIDAVIT

.....
Instructions: Fill out this form if the applicant is **NOT** the fee-simple owner of the property.
.....

This is to certify that _____ is authorized to make Part III -
Application for Historic Properties Tax Credit (ORDINANCE 2024-23) for property located at

The review for request for certification of completed work is authorized by
_____, the owner in fee.

PROPERTY OWNER:

Name

Address

City

State

Zip Code

Property Owner's Signature

AUTHORIZED REPRESENTATIVE:

Name

Address

City

State

Zip Code

Authorized Representative's Signature