

STATE OF DELAWARE
HISTORIC PRESERVATION TAX CREDIT APPLICATION
PART 2 – CERTIFICATION OF REHABILITATION

DE SHPO OFFICE USE ONLY

NPS No. (if applicable):

DE SHPO OFFICE USE ONLY

Project No:

Instructions: Read the instructions carefully before completing application. No certification will be made unless a completed application form has been received. Type or print clearly in black ink. If additional space is needed, use continuation sheets. The decision by the Delaware State Historic Preservation Office with respect to certification is made on the basis of the descriptions in this application form, supplemented by photographs and drawings. The Request for Credit Award and an estimate of "qualified" expenditures must be enclosed with this application.

1. NAME OF PROPERTY: _____

Address: _____

City: _____ County _____ State _____ Zip _____

Listed individually in the National Register of Historic Places; give date of listing: _____

Has a Part 1 Application (Certification of Historic Property) been submitted for this project? yes no

If yes, date Part 1 submitted: _____ Date of Certification as Historic Property: _____

2. DATA ON BUILDING AND REHABILITATION PROJECT:

Date building constructed: _____ Total number of housing units before rehabilitation: _____

Type of construction: _____ Number that are low income housing: _____

Use(s) before rehabilitation: _____ Total number of housing units after rehabilitation: _____

Proposed use(s) after rehabilitation: _____ Number that will be low income housing: _____

Floor area before rehabilitation: _____ Start date: _____ Completion Date: _____

Floor area of all additions: _____ Request to phase project: Y N Number of Phases: _____ (Must submit plan)

3. PROJECT CONTACT:

Name: _____

Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Telephone Number: _____ E-mail (Optional): _____

4. APPLICANT:

Name: _____ Signature: _____ Date: _____

Organization: _____

Social Security or Taxpayer Identification Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Telephone Number: _____ E-mail (Optional): _____

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The Delaware State Historic Preservation Officer has reviewed the *Historic Preservation Tax Credit Application, Part 2 – Certification of Rehabilitation*, for the above-named Certified Historic Property and has determined that the rehabilitation described herein is:

- Consistent with the historic character of the property or district in which it is located and with *Secretary of the Interior's Standards and Guidelines for Rehabilitation*, and has determined it to be a certified rehabilitation under the Delaware Historic Preservation Tax Credit Program.
- Consistent with the historic character of the property or district in which it is located and with the *Secretary of the Interior's Standards and Guidelines for Rehabilitation* if the attached conditions placed on the project approval are met, and has awarded a conditional Certification of Rehabilitation.
- Inconsistent with the historic character of the property or the district in which it is located and that the project is inconsistent with the *Secretary of the Interior's Standards and Guidelines for Rehabilitation*.
- A phased project in accordance with an approved phased rehabilitation plan
- Not a phased rehabilitation project

_____ Date

_____ Delaware State Historic Preservation Officer

_____ DE SHPO Reviewer/Telephone Number

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Property Name _____

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Project Number: _____

Property Address _____

5. DETAILED DESCRIPTION OF REHABILITATION WORK – includes site work, new construction, alterations, etc. Complete blocks below.

Number 1 Architectural feature _____
Approximate date of feature _____

Describe work and impact on existing feature:

Describe existing feature and its condition:

Photo no. _____ Drawing no. _____

Number 2 Architectural feature _____
Approximate date of feature _____

Describe work and impact on existing feature:

Describe existing feature and its condition:

Photo no. _____ Drawing no. _____

Number 3 Architectural feature _____
Approximate date of feature _____

Describe work and impact on existing feature:

Describe existing feature and its condition:

Photo no. _____ Drawing no. _____

Number 4 Architectural feature _____
Approximate date of feature _____

Describe work and impact on existing feature:

Describe existing feature and its condition:

Photo no. _____ Drawing no. _____

Numbers: _____ through _____ of _____

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Property Name _____

Project Number: _____

Property Address _____

Number Architectural feature _____

5

Approximate date of feature _____

Describe existing feature and its condition:

Describe work and impact on existing feature:

Photo no. _____ Drawing no. _____

Number Architectural feature _____

6

Approximate date of feature _____

Describe existing feature and its condition:

Describe work and impact on existing feature:

Photo no. _____ Drawing no. _____

Number Architectural feature _____

7

Approximate date of feature _____

Describe existing feature and its condition:

Describe work and impact on existing feature:

Photo no. _____ Drawing no. _____

Number Architectural feature _____

8

Approximate date of feature _____

Describe existing feature and its condition:

Describe work and impact on existing feature:

Photo no. _____ Drawing no. _____

Numbers: _____ through _____ of _____

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Project Number: _____

Property Address _____

Number Architectural feature _____
9 Approximate date of feature _____

Describe existing feature and its condition:

Describe work and impact on existing feature:

Photo no. _____ Drawing no. _____

Number Architectural feature _____
10 Approximate date of feature _____

Describe existing feature and its condition:

Describe work and impact on existing feature:

Photo no. _____ Drawing no. _____

Number Architectural feature _____
11 Approximate date of feature _____

Describe existing feature and its condition:

Describe work and impact on existing feature:

Photo no. _____ Drawing no. _____

Number Architectural feature _____
12 Approximate date of feature _____

Describe existing feature and its condition:

Describe work and impact on existing feature:

Photo no. _____ Drawing no. _____

Numbers: _____ through _____ of _____

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DE SHPO OFFICE USE ONLY

Property Name _____

Project Number: _____

Property Address _____

Number Architectural feature _____

13

Approximate date of feature _____

Describe existing feature and its condition:

Describe work and impact on existing feature:

Photo no. _____ Drawing no. _____

Number Architectural feature _____

14

Approximate date of feature _____

Describe existing feature and its condition:

Describe work and impact on existing feature:

Photo no. _____ Drawing no. _____

Number Architectural feature _____

15

Approximate date of feature _____

Describe existing feature and its condition:

Describe work and impact on existing feature:

Photo no. _____ Drawing no. _____

Number Architectural feature _____

16

Approximate date of feature _____

Describe existing feature and its condition:

Describe work and impact on existing feature:

Photo no. _____ Drawing no. _____

Numbers: _____ through _____ of _____

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Project Number: _____

Property Address _____

Number Architectural feature _____
17 Approximate date of feature _____

Describe existing feature and its condition:

Describe work and impact on existing feature:

Photo no. _____ Drawing no. _____

Number Architectural feature _____
18 Approximate date of feature _____

Describe existing feature and its condition:

Describe work and impact on existing feature:

Photo no. _____ Drawing no. _____

Number Architectural feature _____
19 Approximate date of feature _____

Describe existing feature and its condition:

Describe work and impact on existing feature:

Photo no. _____ Drawing no. _____

Number Architectural feature _____
20 Approximate date of feature _____

Describe existing feature and its condition:

Describe work and impact on existing feature:

Photo no. _____ Drawing no. _____

Numbers: _____ through _____ of _____