

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 \_\_\_\_\_

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Project No.:

**HISTORIC PRESERVATION CERTIFICATION APPLICATION  
CONTINUATION SHEET**

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Property Name and Address

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Read the instructions carefully before completing.

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This sheet:    continues Part A    continues amendment    continues Attachment 1