

**HISTORIC PRESERVATION CERTIFICATION APPLICATION
PART B – REQUEST FOR CERTIFICATION OF COMPLETED WORK**

Read the instructions carefully before completing. Upon completion of the rehabilitation, return this form with representative photographs of the completed project. (both exterior and interior views) to the State Historic Preservation Office (HPO).

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

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

City _____ County _____ State _____ Zip _____

For Nonincome-producing structures only, check applicable box :

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

Located in a National Register or Certified Local Historic District; please complete Attachment 1.

2. Data on rehabilitation project:

Project starting date: _____ Rehabilitation work on this property was completed on: _____

Estimated rehabilitation expenses attributed solely to the rehabilitation of the historic structure: \$ _____

Estimated rehabilitation expenses attributed to new construction associated with the rehabilitation, including additions, sitework, and landscaping: \$ _____

3. Owner: (space on reverse for additional owners)

I hereby apply for certification of rehabilitation work described above for the purpose of the State Historic Rehabilitation Tax Credit Program for Historic Structures. I hereby attest that the information provided is correct to the best of my knowledge, and that in my opinion the completed rehabilitation meets the Secretary's Standards for Rehabilitation and is consistent with the work described in the "Historic Preservation Certification Application Part A – Description of Rehabilitation." I also attest that I own the property described above.

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 _____

HPO Use Only

The HPO has reviewed the "Historic Preservation Certification Application Part B" for the above-named property and the SHPO has determined:

that the property contributes to the significance of the above-named National Register or Certified Local Historic district and is a "certified historic structure" for the purpose of the State Tax Credit for Rehabilitating Historic Structures. (Nonincome-producing structures only)

that the property does not contribute to the significance of the above-named National Register or Certified Local Historic district, and therefore, the property is not a "certified historic structure" for the attached given reasons. (Nonincome-producing structures only)

that the completed rehabilitation meets the Secretary of the Interior's Standards for Rehabilitation and is consistent with the historic character of the property or the district in which it is located. Effective the date indicated below, the rehabilitation of the "certified historic structure" is hereby designated a "certified rehabilitation." This certification is to be used in conjunction with appropriate Department of Revenue regulations. Questions concerning specific tax consequences or interpretations of North Carolina income tax rules and bulletins should be addressed to the Department of Revenue.

that the rehabilitation is not consistent with the historic character of the property or the district in which it is located and that the project does not meet the Secretary of the Interior's Standards for Rehabilitation for the attached given reasons.

Deputy SHPO _____ Date _____

HPO Use Only Project No.:

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Property Name and Address

Additional Owners:

Name _____ Signature _____ Date _____

Street _____ City _____ State _____ Zip _____

Social Security or Taxpayer Identification Number: _____ Daytime Phone Number _____

Name _____ Signature _____ Date _____

Street _____ City _____ State _____ Zip _____

Social Security or Taxpayer Identification Number: _____ Daytime Phone Number _____

Name _____ Signature _____ Date _____

Street _____ City _____ State _____ Zip _____

Social Security or Taxpayer Identification Number: _____ Daytime Phone Number _____

Name _____ Signature _____ Date _____

Street _____ City _____ State _____ Zip _____

Social Security or Taxpayer Identification Number: _____ Daytime Phone Number _____

Name _____ Signature _____ Date _____

Street _____ City _____ State _____ Zip _____

Social Security or Taxpayer Identification Number: _____ Daytime Phone Number _____

Name _____ Signature _____ Date _____

Street _____ City _____ State _____ Zip _____

Social Security or Taxpayer Identification Number: _____ Daytime Phone Number _____

