



HISTORIC PRESERVATION CERTIFICATION APPLICATION
PART 3 – REQUEST FOR CERTIFICATION OF COMPLETED WORK

WHS Project Number

1. Property Name _____

Street _____

City _____ County _____ Zip _____

Is property a certified historic structure? yes no

If yes, date of certification by NPS _____ OR date of listing in the National Register _____

2. Project Data

Project starting date _____ Project completed and building placed in service date _____

Estimated costs attributed solely to rehabilitation of the historic structure _____

Estimated costs attributed to other work such as additions, site work, parking lots, landscaping _____

3. Project Contact (if different from the Owner)

Name _____

Street _____ City _____

State _____ Zip _____ Telephone _____

4. Owner

Name _____ Signature _____ Date _____

Organization _____ Social Security or Taxpayer ID Number _____

Street _____ City _____

State _____ Zip _____ Telephone _____

WHS Official Use Only

The Wisconsin Historical Society has reviewed the Historic Preservation Certification Application – Request for Certification of Completed Work (Part 3) for this property and has determined that:

- The completed rehabilitation meets 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. Effective the date indicated below, the rehabilitation of the “certified historic structure” is hereby designated a “certified rehabilitation.”
- The completed rehabilitation meets the Secretary of the Interior’s Standards for Rehabilitation. However, because this property is not yet a “certified historic structure,” the rehabilitation cannot be designated a “certified rehabilitation” eligible for State tax credits at this time. It will become a “certified historic structure” on the date it or the historic district in which it is located is listed in the National Register of Historic Places.
- 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.

A copy of this determination will be provided to the Wisconsin Department of Revenue.

_____ Date

_____ For Jim Draeger, State Historic Preservation Officer

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Property name _____ WHS Project Number _____

Property address _____

Additional Owners

Name _____ Social Security OR Taxpayer ID Number _____

Street address _____

City _____ State _____ Zip _____

Name _____ Social Security OR Taxpayer ID Number _____

Street address _____

City _____ State _____ Zip _____

Name _____ Social Security OR Taxpayer ID Number _____

Street address _____

City _____ State _____ Zip _____

Name _____ Social Security OR Taxpayer ID Number _____

Street address _____

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