



DIVISION OF HISTORIC PRESERVATION - PUBLIC HISTORY
HISTORIC HOMEOWNER'S INCOME TAX CREDIT

HISTORIC PRESERVATION CERTIFICATION APPLICATION
PART 1 -- EVALUATION OF SIGNIFICANCE

1. NAME OF PROPERTY: _____

ADDRESS: Street _____

City _____ County _____ ZIP _____

Listed individually in the State Register or National Register. COMPLETE ONLY THIS SIDE OF THIS FORM

Located in a State Register or National Register Historic District. COMPLETE ONLY THIS SIDE OF THIS FORM

NAME OF HISTORIC DISTRICT: _____

(Preliminary certification. Not listed in State Register or National Register or located in a State Register or National Register historic district - COMPLETE BOTH SIDES OF THIS FORM

2. OWNER'S NAME: _____

Street: _____

City: _____ State: _____ ZIP: _____ Telephone (days): ____/____

Social Security or Taxpayer Identification Number: _____

Go ckl'cf f tguu*Hqt'pqlwlecwqpu'cpf 'rtqi tco 'wrf cvgu+<aa

3. PROJECT CONTACT (If different from owner): _____

Street: _____

City: _____ State: _____ ZIP: _____ Telephone (days): ____/____

Go ckl'cf f tguu*Hqt'pqlwlecwqpu'cpf 'rtqi tco 'wrf cvgu+<aa

4. PHOTOGRAPHS. Please enclose photographs of the exterior of the building to be rehabilitated. Photos should be at least 3" x 5" (no "instant" photos) and should show clearly all sides of the building. If you are completing items 6, 7, and 8, please include photographs of the building's interior, site, and important features, as described in section 9 on the reverse side of this form.

5. OWNER'S CERTIFICATION I hereby attest that the information I have provided is, to the best of my knowledge, correct and that I own the property described above. I understand that the falsification of factual representations in the application may be subject to criminal sancations. "

"/ I have previously applied for the homeowners tax credit.

SIGNATURE OF OWNER: _____ DATE: _____

WISCONSIN STATE HISTORIC PRESERVATION OFFICE USE ONLY

WHS PROJECT NO. _____

The Wisconsin Historical Society, Division of Historic Preservation - Public History has reviewed the Historic Preservation Certification Application - Part 1 for this property and has determined that:

- the property is listed in the State Register of Historic Places and is historic property for purposes of the Historic Homeowner's tax credit program.
the property contributes to the above-named State Register historic district and is historic property for purposes of the Historic Homeowner's tax credit program.
the property appears to meet the State Register Criteria for Evaluation and, therefore is determined to be historic property for purposes of the Historic Homeowner's tax credit program.
NON-CERTIFICATION: the property is not listed in the State Register of Historic Places, is not a contributing element to a State Register Historic District, and does not appear to meet the State Register Criteria for Evaluation; therefore. the property is not historic property for purposes of the Historic Homeowner's tax credit program.

DATE _____
For JIM DRAEGER, State Historic Preservation Officer



WISCONSIN
HISTORICAL
SOCIETY

DIVISION OF HISTORIC PRESERVATION – PUBLIC HISTORY

HISTORIC HOMEOWNER'S INCOME TAX CREDIT

HISTORIC PRESERVATION CERTIFICATION APPLICATION - PART 1

Property Name _____

Property Address _____

INSTRUCTIONS: Complete this side of the form ONLY if you are applying for PRELIMINARY CERTIFICATION (see item 1, opposite side). Use continuation sheets if necessary.

6. BUILDING DATA. Date of construction: _____ Source of date: _____

Dates (or approximate dates) of alterations: _____

Has the building been moved? ()Yes ()No If yes, when? _____

7. DESCRIPTION OF PHYSICAL APPEARANCE:

8. STATEMENT OF SIGNIFICANCE:

9. ADDITIONAL PHOTOGRAPHS. Please enclose photographs of the building's exterior and interior, as well as the site and any outbuildings that contribute to the significance of the property. The photographs should be adequate to illustrate the appearance of the property and its significant features.



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DIVISION OF HISTORIC PRESERVATION – PUBLIC HISTORY
HISTORIC HOMEOWNER'S INCOME TAX CREDIT

HISTORIC PRESERVATION CERTIFICATION APPLICATION
PART 2 -- DESCRIPTION OF REHABILITATION

1. **NAME OF PROPERTY:** _____

ADDRESS: Street _____

City _____ County _____ ZIP _____

2. **OWNER'S NAME:** _____

Street: _____

City: _____ State: _____ ZIP: _____ Telephone (days): ____/____

Social Security or Taxpayer Identification Number: _____

3. **PROJECT CONTACT** (If different from owner): _____

Street: _____

City: _____ State: _____ ZIP: _____ Telephone (days): ____/____

4. **OWNER'S CERTIFICATION** I hereby attest that the information I have provided is, to the best of my knowledge, correct and that I own the property described above. I understand that the falsification of factual representations in the application may be subject to criminal sanctions. I further agree to submit state form "HPD:WTC003: Request for Certification of Completed Work" within 90 days of the date of completion of work or face forfeiture of any tax credit claimed for this project.

SIGNATURE OF OWNER: _____ **DATE:** _____

WISCONSIN STATE HISTORIC PRESERVATION OFFICE USE ONLY

WHS PROJECT NO. _____

STATE HISTORIC PRESERVATION OFFICER CERTIFICATION

The Wisconsin Historical Society, Division of Historic Preservation – Public History has reviewed the "Historic Preservation Certification Application" for the above name property and has determined that:

___ the property is historic property and the described rehabilitation meets the "Secretary of the Interior's Standards for Rehabilitation." This is a preliminary determination only. Final certification can be issued only after work has been completed and a Request for Certification of Completed Work has been approved.

___ the property is historic property and the rehabilitation will meet the "Secretary of the Interior's Standards for Rehabilitation" if the attached conditions are met. This is a preliminary determination only. Final certification can be issued only after work has been completed and a Request for Certification of Completed Work has been approved.

For JIM DRAEGER, State Historic Preservation Officer

NON-CERTIFICATION

___ THE OWNER MAY NOT CLAIM THE TAX CREDIT. The rehabilitation is not consistent with the historic character of the property and that the project does not meet the "Secretary of the Interior's Standards for Rehabilitation" for reasons given in the attached materials.

___ THE OWNER MAY NOT CLAIM THE TAX CREDIT. The property has not been determined to be historic property for purposes of this program.

For JIM DRAEGER, State Historic Preservation Officer



DIVISION OF HISTORIC PRESERVATION – PUBLIC HISTORY

HISTORIC HOMEOWNER'S INCOME TAX CREDIT

HISTORIC PRESERVATION CERTIFICATION APPLICATION - PART 2

Property Name _____

Property Address _____

5a. TAX CREDIT-ELIGIBLE WORK. List the work for which you plan to claim the 25% tax credit.

- Eligible work is limited to: 1) exterior work; 2) structural repair; 3) work on heating and ventilating systems; 4) work on electrical and plumbing systems; and 5) interior work on windows, if you repair or replace existing windows.
- Be specific about the work that you are proposing. Applications with statements like, "possible porch replacement" or "will either paint house or install vinyl siding" will be returned for clarification. If your plans change, you can usually amend the project. (See the program instructions for information about amendments.)
- For each work item, give an estimated cost and dates. Do not give ranges of costs, such as "\$2,000 - \$6,000."
- Please give the Total Cost of Eligible Work and remember that, in order to qualify for the credit, it must be at least \$10,000.
- You have only 2 years to carry out eligible work. If the latest completion date is more than 2 years after the earliest start date, you should consider submitting a Request for Five-Year Project Phasing. [Note: this must be included with your application. If your project is approved without a 5-year phasing plan, it cannot be extended past the 2 years. See program instructions.]
- Use additional sheets if necessary, but be sure to give estimated costs and dates for each item.
- **Please do not forget items 6 and 7 on the following page. If you do not photograph or describe the work, your application will be returned without action.**

ELIGIBLE WORK ITEM	Estimated cost	Est. start date	Est. completion date
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
TOTAL COST OF ELIGIBLE WORK	\$		

5b. INELIGIBLE WORK. List additional work that you plan to carry out, or that you have carried out within the last year.

INELIGIBLE WORK ITEM	Estimated cost	Est. start date	Est. completion date
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
TOTAL COST OF INELIGIBLE WORK	\$		



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HISTORIC PRESERVATION CERTIFICATION APPLICATION - PART 2

Property Name _____

Property Address _____

6. PHOTOGRAPHS AND DRAWINGS. Please enclose clear photographs of the pre-project conditions indicated in items 5a. and 5b., as well as photographs showing the overall appearance of your house from all sides. (Note: Photographs that you have sent with your Part 1 application also apply to this application. There is no need to send duplicate sets.)

7. DESCRIPTION OF WORK TO BE PERFORMED. In order to approve your project, staff at the Division of Historic Preservation – Public History must be able to determine that the work will not harm your building's materials or diminish it's historical significance. For this reason, you must describe your project and the methods and materials that you will use. This application package contains a publication titled, "Documentation Requirements for Wisconsin's Historic Homeowner's tax credit Program" which lists the types of information that we need in order to complete our review. Note that for certain types of work, you will need to send drawings, manufacturers literature, or samples. Use additional sheets if necessary, but if you send contractors' bids or proposals, you may need to send additional information to meet the documentation requirements.



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HISTORIC PRESERVATION CERTIFICATION APPLICATION - PART 2

Property Name _____

Property Address _____

7. DESCRIPTION OF WORK TO BE PERFORMED (Continued)



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DIVISION OF HISTORIC PRESERVATION – PUBLIC HISTORY
**HISTORIC HOMEOWNER'S INCOME TAX CREDIT
REQUEST FOR FIVE-YEAR PROJECT PHASING**

INSTRUCTIONS: If you wish to claim rehabilitation expenses beyond the standard two-year period, you must complete this form and submit it **along with the Part 2 application**. Make sure that you have listed all of the work in the Part 2 application, then break down the work into annual phases.

1. NAME OF PROPERTY: _____

ADDRESS: Street _____

City _____

County _____

ZIP _____

2. OWNER'S NAME: _____

Street: _____

City: _____ State: _____ ZIP: _____ Telephone (days): ____ / _____

Social Security or Taxpayer Identification Number: _____

PHASING PLAN

YEAR 1: _____ **Work to be performed in this phase:**
Calendar Year _____

YEAR 2: _____ **Work to be performed in this phase:**
Calendar Year _____

YEAR 3: _____ **Work to be performed in this phase:**
Calendar Year _____

YEAR 4: _____ **Work to be performed in this phase:**
Calendar Year _____

YEAR 5: _____ **Work to be performed in this phase:**
Calendar Year _____

OWNER'S CERTIFICATION:

I hereby apply for five-year phasing for the above-stated project.

SIGNATURE OF OWNER: _____

DATE: _____

WISCONSIN STATE HISTORIC PRESERVATION OFFICE USE ONLY

WHS PROJECT NO. _____

I hereby approve the phasing plan for this project:

DATE _____

For JIM DRAEGER, State Historic Preservation Officer