

Homeowner's Historic Rehabilitation Tax Credit Application Part 1 -- Evaluation of Significance

1. Property Ad	Idress Street				
	City		_County	Zip	
		-		District or Individually	
	listed in the State o ister Questionnaire				
2. Owner's Na	me				
Stre	et				
City_		State	Zip	Telephone	
Ema	il address			_	
The	building is owner-c	occupied			
The	building is a rental	/income-producing	g property		
	notos are required fo ve enclosed the req r tification	-		blication.	
Sig	nature of Owner			Date	
the property is		•		owledge, correct and that program, I consent to this	
STATE HISTORI	C PRESERVATION	N OFFICE USE O	NLY W	/HS PROJECT NO	
the property is list purposes of the H the property contr purposes of the H the property appe historic property fr NON-CERTIFICA not a contributing	omeowner's Historic Reha- ibutes to the above-name iomeowner's Historic Reha- ars to meet the State Reg or the purposes of the Hol TION: the property is not resource to a State Regis Criteria for Evaluation; th	of Historic Places or Nat abilitation Tax Credit. ed State Register or Nat abilitation Tax Credit. gister of National Regist meowner's Historic Ref listed in the State Regist ster or National Registe	ional Register of ional Register his er Criteria for Eva nabilitation Tax C ster of Historic Pla r historic district,	Historic Places and is a historic prop storic district and is a historic propert aluation and, therefore is determined	ty for the d to be Places, is ate or
For the State Histor	ic Preservation Officer	r		Date	