

This form is used for the state tax credit only.

_WHS Project Number_____

If you plan to apply for both state and federal tax credits, use federal form 10-168.

HISTORIC PRESERVATION CERTIFICATION APPLICATION PART 1 – EVALUATION OF SIGNIFICANCE

			WHS Project Number
1. Property Nam	ie		
Street			
City	County		Zip
Name of Historic	District		
☐ National Register	Historic District	Certified State or Local District	Potential District
2. Nature of Rec	quest (check only one box)		
Certification thatPreliminary deterPreliminary deter	the building does not contribute mination for individual listing ir mination that a building located	e to the significance of the above-name n the National Register/State Register within a potential historic district cor	ic district or National Register/State Register property ed district atributes to the significance of the district tributes to the significance of the district
3. Project Conta	act (if different from the Own	ner)	
Name			
Street		City	Email
State	Zip	Telephone	
4. Owner			
Name		Signature	Date
Organization		Social Security of	or Taxpayer ID Number
Street		City	Email
State	Zip	Telephone	
WHS Official Use The Wisconsin Histor		storic Certification Application for the	above-named property and has determined that the property:
Contributes to the	significance of the above-named poses are to the significance of the above	l district (or National Register/State R	egister property) and is a "certified historic structure" for
Appears to meet to nominated by the Does not appear to Appears to contribution nominated by the Appears to contribution Register/State Reg	he National Register/State Regist State Historic Preservation Offic to meet the National Register Cri bute to the significance of a poten State Historic Preservation Offic	cer iteria for Evaluation and will likely not ntial historic district, which will likely cer tered historic district but is outside the umentation on file with the NPS	ely be listed in the National Register/State Register if the listed in the National Register/State Register be listed in the National Register/State Register if the period or area of significance as documented in the National
Date	HISTORIC PRES	Penkiunas, State Historic Preserv SERVATION CERTIFICA – EVALUATION OF SIC	ATION APPLICATION

Property name ___

Property address		
5. Description of physical appearance		
Date of construction	Source of date	
Date(s) of alteration(s)	Source of date	
Has building been moved? No Yes, specify date _		
6. Statement of significance		