

## CONTINUATION/AMENDMENT

**Instructions:** Please read these instructions carefully before completing the application. No certification will be made unless a completed application form and required supplementary documentation is received. The application must be typed, and all materials must be submitted in hard copy – electronic submissions are not accepted. A copy of this form may be provided to the Virginia Department of Taxation. The decision by the Virginia Department of Historic Resources with respect to certifications is made on the basis of the narrative descriptions in this application form. In the event of discrepancy between this application form and other, supplementary materials submitted with it (such as architectural plans, drawings, and specifications), this application form shall take precedent.

**If the rehabilitation has already been completed, the Part 3: Request for Certification of Completed Work application must be submitted concurrently with this form.**

### Section 1: Property Information

Historic Name of Property: \_\_\_\_\_

Address of Property: \_\_\_\_\_

NUMBER

STREET

CITY

COUNTY

9-DIGIT ZIP

### Section 2: Amendment Subject

This Amendment:

Responds to an application that was placed on-hold.

Updates the previously reviewed scope of work.

Updates ownership or project contact information.

Summarize the Amendment here, continuing on additional pages if necessary.

Continued on separate page? Yes

### Section 3: Project Contact (if different from the applicant/owner)

*NOTE: This is the only individual/entity other than the owner/applicant that DHR is authorized to speak with regarding this project*

Name: \_\_\_\_\_ Business Entity: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Section 4: Owner

If I am not the current owner of this property, I have provided a signed letter from the property owner giving me permission to submit this application.

Name: \_\_\_\_\_ Business Entity: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Taxpayer ID (SSN or EIN): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**ATTESTATION: I declare under penalty of law that the information provided is, to the best of my knowledge, correct, and that I own the property described above. I understand that submission of false records or falsification of anything in communications with the department is grounds for denial of the certification of completed work and is punishable under Virginia and federal law.**

Continuation Sheet(s)

Continued on separate page(s)?      Yes

**Please return the completed application and associated materials to:**

**Preservation Incentives Division  
Virginia Department of Historic Resources  
2801 Kensington Avenue  
Richmond, VA 23221**