

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 precedence.

If work is already completed, the Part 3: Request for Certification of Completed Work application must be submitted concurrently.

Section 1: Property Information

Historic Name of Property: _____

Address of Property: _____
NUMBER STREET

CITY COUNTY 9-DIGIT ZIP

This property is:

Listed individually in the Virginia Landmarks Register (date of listing _____)

Located in a NRHP Historic District (District name _____)

Has a Part 1 – Evaluation of Significance application been submitted for this project? Yes No Concurrently with the Part 2

If Yes, date the Part 1 was submitted: _____ Date of certification: _____

Section 2: Historic Building and Rehabilitation Details

Date of Construction: _____ Type of Construction: _____

Is the Building Protected by an Easement Administered by DHR? Yes No *If Yes, please submit an additional copy of all materials.*

Historic Use(s): _____ Proposed Use(s): _____

Floor Area **Before** Rehabilitation: _____ sq. ft Floor Area **After** Rehabilitation: _____ sq. ft

Total Number of Housing Units **Before** Rehabilitation: _____ Total Number of Housing Units **After** Rehabilitation: _____

Number That Are Low-Moderate Income: _____ Number That Are Low-Moderate Income: _____

Est. Start Date: _____ Est. Completion Date: _____ Est. Total Cost of Rehabilitation: \$ _____

Will This Project Be Phased? Yes No If Yes, How Many Phases? _____

REMINDER - include a Phasing Plan with submission if project is Phased

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.