

UNITED STATES DEPARTMENT OF THE INTERIOR  
NATIONAL PARK SERVICE

HISTORIC PRESERVATION CERTIFICATION APPLICATION  
PART 1 - EVALUATION OF SIGNIFICANCE

NPS Office Use Only

NRIS No: \_\_\_\_\_

NPS Office Use Only

Project No: \_\_\_\_\_

Instructions: Read the instructions carefully before completing application. No certifications will be made unless a completed application form has been received. Type or print clearly in black ink. If additional space is needed, use continuation sheets or attach blank sheets.

1. Name of Property: \_\_\_\_\_  
Address of Property: Street \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name of historic district: \_\_\_\_\_  
 National Register district     certified state or local district     potential district

2. Check nature of request:  
 certification that the building contributes to the significance of the above-named historic district (or National Register property) for the purpose of rehabilitation.  
 certification that the structure or building, and where appropriate, the land area on which such structure or building is located contributes to the significance of the above-named historic district for a charitable contribution for conservation purposes  
 certification that the building does not contribute to the significance of the above-named historic district.  
 preliminary determination for individual listing in the National Register.  
 preliminary determination that a building located within a potential historic district contributes to the significance of the district.  
 preliminary determination that a building outside the period or area of significance contributes to the significance of the district.

3. Project contact:  
Name \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

4. Owner:  
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 falsification of factual representations in this application is subject to criminal sanctions of up to \$10,000 in fines or imprisonment for up to five years pursuant to 18 U.S.C. 1001.  
Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Organization \_\_\_\_\_  
Social Security or Taxpayer Identification Number \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

NPS Office Use Only

The National Park Service has reviewed the "Historic Certification Application - Part 1" for the above-named property and hereby determines that the property:  
 contributes to the significance of the above-named district (or National Register property) and is a "certified historic structure" for the purpose of rehabilitation.  
 contributes to the significance of the above-named district and is a "certified historic structure" for a charitable contribution for conservation purposes in accordance with the Tax Treatment Extension Act of 1980.  
 does not contribute to the significance of the above-named district.  
Preliminary determinations:  
 appears to meet the National Register Criteria for Evaluation and will likely be listed in the National Register of Historic Places if nominated by the State Historic Preservation Officer according to the procedures set forth in 36 CFR Part 60.  
 does not appear to meet the National Register Criteria for Evaluation and will likely not be listed in the National Register.  
 appears to contribute to the significance of a potential historic district, which will likely be listed in the National Register of Historic Places if nominated by the State Historic Preservation Officer.  
 appears to contribute to the significance of a registered historic district but is outside the period or area of significance as documented in the National Register nomination or district documentation on file with the NPS.  
 does not appear to qualify as a certified historic structure.

\_\_\_\_\_  
Date                                      National Park Service Authorized Signature                                      National Park Service Office/Telephone No.  
 See Attachments

HISTORIC PRESERVATION  
CERTIFICATION APPLICATION –  
PART 1

Property Name \_\_\_\_\_

NPS Office Use Only

Project Number: \_\_\_\_\_

Property Address \_\_\_\_\_

5. Description of physical appearance:

Date of Construction: \_\_\_\_\_ Source of Date: \_\_\_\_\_

Date(s) of Alteration(s): \_\_\_\_\_

Has building been moved?  yes  no If so, when? \_\_\_\_\_

6. Statement of significance:

7. Photographs and maps.

Attach photographs and maps to application

Continuation sheets attached:  yes  no

UNITED STATES DEPARTMENT OF THE INTERIOR  
NATIONAL PARK SERVICE

HISTORIC PRESERVATION CERTIFICATION APPLICATION  
PART 2 – DESCRIPTION OF REHABILITATION

NPS Office Use Only

NRIS No:

NPS Office Use Only

Project No:

Instructions: Read the instructions carefully before completing the applications. No certifications will be made unless a completed application form has been received. Type or print clearly in black ink. If additional space is needed, use continuation sheets or attach blank sheets. A copy of this form may be provided to the Internal Revenue Service. The decision by the National Park Service with respect to certification is made on the basis of the descriptions in this application form. In the event of any discrepancy between the application form and other, supplementary material submitted with it (such as architectural plans, drawings, and specifications), the application form shall take precedence.

1. Name of Property: \_\_\_\_\_

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

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Listed individually in the National Register of Historic Places; give date of listing: \_\_\_\_\_

Located in a Registered Historic District; specify: \_\_\_\_\_

Has a Part 1 Application (Evaluation of Significance) been submitted for this project?  yes  no

If yes, date Part 1 submitted: \_\_\_\_\_ Date of certification: \_\_\_\_\_ NPS Project Number: \_\_\_\_\_

2. Data on building and rehabilitation project:

Date building constructed: \_\_\_\_\_ Total number of housing units before rehabilitation: \_\_\_\_\_

Type of construction: \_\_\_\_\_ Number that are low-moderate income: \_\_\_\_\_

Use(s) before rehabilitation: \_\_\_\_\_ Total number of housing units after rehabilitation: \_\_\_\_\_

Proposed use(s) after rehabilitation: \_\_\_\_\_ Number that are low-moderate income: \_\_\_\_\_

Estimated cost of rehabilitation: \_\_\_\_\_ Floor area before rehabilitation: \_\_\_\_\_

This application covers phase number \_\_\_\_ of \_\_\_\_ phases Floor area after rehabilitation: \_\_\_\_\_

Project/phase start date (est.): \_\_\_\_\_ Completion date (est.): \_\_\_\_\_

3. Project contact:

Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

4. Owner:

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 falsification of factual representations in this application is subject to criminal sanctions of up to \$10,000 in fines or imprisonment for up to five years pursuant to 18 U.S.C. 1001.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Organization \_\_\_\_\_

Social Security or Taxpayer Identification Number \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

NPS Office Use Only

The National Park Service has reviewed the "Historic Certification Application – Part 2" for the above-named property and has determined:

- that the rehabilitation described herein is consistent with the historic character of the property or the district in which it is located and that the project meets the Secretary of the Interior's "Standards for Rehabilitation." This letter is a preliminary determination only, since a format certification of rehabilitation can be issued only to the owner of a "certified historic structure" after rehabilitation work is completed.
- that the rehabilitation or proposed rehabilitation will meet the Secretary of the Interior's "Standards for Rehabilitation" if the attached conditions are met.
- that the rehabilitation described herein is not consistent with the historic character of the property or the district in which it is located and that the project does not meet the Secretary of the Interior's "Standards for Rehabilitation." A copy of this form will be provided to the Internal Revenue Service.

Date

National Park Service Authorized Signature

National Park Service Office/Telephone No.

See Attachments







HISTORIC PRESERVATION  
CERTIFICATION APPLICATION –  
PART 2

Property Name \_\_\_\_\_

Property Address \_\_\_\_\_

NPS Office Use Only

Project Number: \_\_\_\_\_

<b>Number 13</b>	Architectural feature _____ Approximate Date of feature _____	Describe work and impact on existing feature:
Describe existing feature and its condition:          Photo no. _____ Drawing no _____		
<b>Number 14</b>	Architectural feature _____ Approximate Date of feature _____	Describe work and impact on existing feature:
Describe existing feature and its condition:          Photo no. _____ Drawing no _____		
<b>Number 15</b>	Architectural feature _____ Approximate Date of feature _____	Describe work and impact on existing feature:
Describe existing feature and its condition:          Photo no. _____ Drawing no _____		
<b>Number 16</b>	Architectural feature _____ Approximate Date of feature _____	Describe work and impact on existing feature:
Describe existing feature and its condition:          Photo no. _____ Drawing no _____		

HISTORIC PRESERVATION  
CERTIFICATION APPLICATION –

PART 2

Property Name \_\_\_\_\_

NPS Office Use Only

Project Number: \_\_\_\_\_

Property Address \_\_\_\_\_

<b>Number 17</b>	Architectural feature _____ Approximate Date of feature _____	Describe work and impact on existing feature:          Photo no. _____ Drawing no _____
<b>Number 18</b>	Architectural feature _____ Approximate Date of feature _____	Describe work and impact on existing feature:          Photo no. _____ Drawing no _____
<b>Number 19</b>	Architectural feature _____ Approximate Date of feature _____	Describe work and impact on existing feature:          Photo no. _____ Drawing no _____
<b>Number 20</b>	Architectural feature _____ Approximate Date of feature _____	Describe work and impact on existing feature:          Photo no. _____ Drawing no _____

UNITED STATES DEPARTMENT OF THE INTERIOR  
NATIONAL PARK SERVICE

HISTORIC PRESERVATION CERTIFICATION APPLICATION  
REQUEST FOR CERTIFICATION OF COMPLETED WORK  
PART 3

NPS Office Use Only

NRIS No:

Instructions: Upon completion of the rehabilitation, return this form with representative photographs of the completed work (both exterior and interior views) to the appropriate reviewing office. If a Part 2 application has not been submitted in advance of project completion, it must accompany the Request for Certification of Completed Work. A copy of this form will be provided to the Internal Revenue Service. Type or print clearly in black ink. The decision of the National Park Service with respect to certification is made on the basis of the descriptions in this application form. In the event of any discrepancy between the application form and other, supplementary material submitted with it (such as architectural plans, drawings and specifications), the application form shall take precedence.

1. Name of Property: \_\_\_\_\_  
Address of Property: Street \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Is property a certified historic structure?  yes  no If yes, date of certification by NPS: \_\_\_\_\_  
or date of listing in the National Register: \_\_\_\_\_

2. Data on rehabilitation project:  
National Park Service assigned rehabilitation project number: \_\_\_\_\_  
Project starting date: \_\_\_\_\_  
Rehabilitation work on this property was completed and the building placed in service on: \_\_\_\_\_  
Estimated costs attributed solely to rehabilitation of the historic structure: \$ \_\_\_\_\_  
Estimate costs attributed to new construction associated with the rehabilitation, including additions, site work, parking lots, landscaping: \$ \_\_\_\_\_

3. Owner: (space on reverse for additional owners)  
I hereby apply for certification of rehabilitation work described above for purposes of the Federal tax incentives. I hereby attest that the information provided is, to the best of my knowledge, correct, and that, in my opinion the completed rehabilitation meets the Secretary's "Standards for Rehabilitation" and is consistent with the work described in Part 2 of the Historic Preservation Certification Application. I also attest that I own the property described above. I understand that falsification of factual representations in this application is subject to criminal sanctions of up to \$10,000 in fines or imprisonment for up to five years pursuant to 18 U.S.C. 1001.  
Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Organization \_\_\_\_\_  
Social Security or Taxpayer Identification Number \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

NPS Office Use Only  
The National Park Service has reviewed the "Historic Certification Application - Part 2" for the above-listed "certified historic structure" and has determined:  
 that the completed rehabilitation meets the Secretary of the Interior's "Standards for Rehabilitation and is consistent with the historic character of the property or the district in which it is located. Effective the date indicated below, the rehabilitation of the "certified historic structure" is hereby designated a "certified rehabilitation." A copy of this certification has been provided to the Department of the Treasury in accordance with Federal law. This letter of certification is to be used in conjunction with appropriate Internal Revenue Service regulations. Questions concerning specific tax consequences or interpretation of the Internal Revenue Code should be addressed to the appropriate local Internal Revenue Service office. Completed projects may be inspected by an authorized representative of the Secretary to determine if the work meets the "Standards for Rehabilitation." The Secretary reserves the right to make inspections at any time up to five years after completion of the rehabilitation and to revoke certification, if it is determined that the rehabilitation project was not undertaken as presented by the owner in the application form and supporting documentation, or the owner, upon obtaining certification, undertook unapproved further alterations as part of the rehabilitation project inconsistent with the Secretary's "Standards for Rehabilitation."  
 that the rehabilitation is not consistent with the historic character of the property or the district in which it is located and that the project does not meet the Secretary of the Interior's "Standards for Rehabilitation." A copy of this form will be provided to the Internal Revenue Service

Date \_\_\_\_\_ National Park Service Authorized Signature \_\_\_\_\_ National Park Service Office/Telephone No. \_\_\_\_\_  
 See Attachments

**REQUEST FOR CERTIFICATION OF COMPLETED WORK, *continued***

\_\_\_\_\_ NPS Project No.

Additional Owners:

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security or Taxpayer Identification Number: \_\_\_\_\_

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security or Taxpayer Identification Number: \_\_\_\_\_

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security or Taxpayer Identification Number: \_\_\_\_\_

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security or Taxpayer Identification Number: \_\_\_\_\_

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security or Taxpayer Identification Number: \_\_\_\_\_

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security or Taxpayer Identification Number: \_\_\_\_\_

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security or Taxpayer Identification Number: \_\_\_\_\_

**CONTINUATION / AMENDMENT SHEET**

**Historic Preservation  
Certification Application**

\_\_\_\_\_  
Property Name

\_\_\_\_\_  
Property Address

**Instructions.** Read the instruction carefully before completing. Type, or print clearly in black ink. Use this sheet to continue sections of the Part 1 and Part 2 application, or to amend an application already submitted. Photocopy additional sheets as needed.

This sheet:  continues Part 1    continues Part 2    amends Part 1    amends Part 2   NPS Project Number: \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

**NPS Office Use Only**

- The National Park Service has determined that these project amendments meet the Secretary of the Interior's "Standards for Rehabilitation."
- The National Park Service has determined that these project amendments will meet the Secretary of the Interior's "Standard for Rehabilitation" if the attached conditions are met.
- The National Park Service had determined that these project amendments do not meet the Secretary of the Interior's "Standards for Rehabilitation."

\_\_\_\_\_  
Date                      National Park Service Authorized Signature                      National Park Service Office/Telephone No.

See Attachments

**CONTINUATION / AMENDMENT SHEET**

**Historic Preservation  
Certification Application**

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Property Name

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Property Address

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**CONTINUATION / AMENDMENT SHEET**

**Historic Preservation  
Certification Application**

Property Name \_\_\_\_\_

Property Address \_\_\_\_\_

**Instructions.** Read the instruction carefully before completing. Type, or print clearly in black ink. Use this sheet to continue sections of the Part 1 and Part 2 application, or to amend an application already submitted. Photocopy additional sheets as needed.

This sheet: continues Part 1 continues Part 2 amends Part 1 amends Part 2 NPS Project Number: \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

**NPS Office Use Only**

- The National Park Service has determined that these project amendments meet the Secretary of the Interior's "Standards for Rehabilitation."
- The National Park Service has determined that these project amendments will meet the Secretary of the Interior's "Standard for Rehabilitation" if the attached conditions are met.
- The National Park Service had determined that these project amendments do not meet the Secretary of the Interior's "Standards for Rehabilitation."

Date \_\_\_\_\_ National Park Service Authorized Signature \_\_\_\_\_ National Park Service Office/Telephone No. \_\_\_\_\_

See Attachments

**CONTINUATION / AMENDMENT SHEET**

**Historic Preservation  
Certification Application**

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Property Name

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Property Address

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