



**HISTORIC PRESERVATION CERTIFICATION APPLICATION
PART 2 – DESCRIPTION OF REHABILITATION**

NPS Project Number _____

Instructions: This page must bear the applicant's original signature and must be dated. The National Park Service certification decision is based on 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 takes precedence. A copy of this form will be provided to the Internal Revenue Service.

1. Property Name _____

Street _____

City _____ County _____ State _____ Zip _____

Name of Historic District _____

Listed individually in the National Register of Historic Places; date of listing _____

Located in a Registered Historic District; name of district _____

Part 1 – Evaluation of Significance submitted? Date submitted _____ Date of certification _____

2. Project Data

Date of building _____ Estimated rehabilitation costs (QRE) _____

Number of buildings in project _____ Floor area before / after rehabilitation _____ / _____ sq ft

Start date (estimated) _____ Use(s) before / after rehabilitation _____ / _____

Completion date (estimated) _____ Number of housing units before / after rehabilitation _____ / _____

Number of phases in project _____ Number of low-moderate income housing units before / after rehabilitation _____ / _____

3. Project Contact (if different from applicant)

Name _____ Company _____

Street _____ City _____ State _____

Zip _____ Telephone _____ Email Address _____

4. Applicant

I hereby attest that the information I have provided is, to the best of my knowledge, correct. I further attest that [check one or both boxes, as applicable] (1) I am the owner of the above-described property within the meaning of "owner" set forth in 36 CFR § 67.2 (2011), and/or (2) if I am not the fee simple owner of the above-described property, the fee simple owner is aware of the action I am taking relative to this application and has no objection, as noted in a written statement from the owner, a copy of which (i) either is attached to this application form and incorporated herein, or has been previously submitted, and (ii) meets the requirements of 36 CFR § 67.3(a)(1) (2011). For purposes of this attestation, the singular shall include the plural wherever appropriate. I understand that knowing and willful falsification of factual representations in this application may subject me to fines and imprisonment under 18 U.S.C. § 1001, which, under certain circumstances, provides for imprisonment of up to 8 years.

Name _____ Signature _____ Date _____

Applicant Entity _____ SSN _____ or TIN _____

Street _____ City _____ State _____

Zip _____ Telephone _____ Email Address _____

Applicant, SSN, or TIN has changed since previously submitted application.

NPS Official Use Only

The National Park Service has reviewed the Historic Preservation 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 and, where applicable, with 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 formal certification of rehabilitation can be issued only to the owner of a "certified historic structure" after rehabilitation work is complete.

the rehabilitation or proposed rehabilitation will meet the Secretary of the Interior's Standards for Rehabilitation if the attached conditions are met.

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.

Date _____ National Park Service Authorized Signature _____

NPS conditions or comments attached

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Property name _____ NPS Project Number _____

Property address _____

5. Detailed description of rehabilitation work Use this page to describe all work or create a comparable format with this information.
Number items consecutively to describe all work, including building exterior and interior, additions, site work, landscaping, and new construction.

| Number | Feature _____ | Date of Feature _____ |
|---------------|----------------------|------------------------------|
|---------------|----------------------|------------------------------|

Describe existing feature and its condition

Photo numbers _____ Drawing numbers _____

Describe work and impact on feature

| Number | Feature _____ | Date of Feature _____ |
|---------------|----------------------|------------------------------|
|---------------|----------------------|------------------------------|

Describe existing feature and its condition

Photo numbers _____ Drawing numbers _____

Describe work and impact on feature

Add Item