



**HISTORIC PRESERVATION CERTIFICATION APPLICATION  
STATE HISTORIC PRESERVATION OFFICE  
REVIEW & RECOMMENDATION SHEET  
REHABILITATION - PART 2 / PART 3**



**SECTION 1. APPLICATION INFORMATION**

Project Number

Property Name

Property Address

Certified Historic Structure?  Yes  Pending

SHPO REVIEW SUMMARY	
<input type="checkbox"/>	No outstanding concerns
<input type="checkbox"/>	In-depth NPS review requested
<input type="checkbox"/>	Applicant informed of SHPO recommendation

Part 2

Preliminary (date)

Applying for state tax credit

Part 3 (Part 2 previously reviewed)

Completed rehabilitation work conforms to work previously approved

Completed rehabilitation work differs substantively from work previously approved (describe divergences from Part 2 scope of work in Section 5)

Part 3 (Part 2 not previously reviewed)

Amendment

Advisory determination that a phase meets the Standards

Date application received by SHPO

Date(s) additional information requested by SHPO

Date complete information received by SHPO

Date of transmittal to NPS

Property visited by State staff (dates): Before , during , and/or after  rehab.

**SECTION 2. APPLICATION MATERIALS**

**Sent previously**  Photographs  Other (list):

**Attachments**  Photographs  Rolled plans  Flat plans, large size  Flat plans, 11" x 17" or smaller  Other (list)

**Sent separately**  Photographs  Rolled plans  Flat plans, large size  Flat plans, 11" x 17" or smaller  Other (list)

**Documentation remaining on file in SHPO (e.g., masonry repointing samples, specifications)**

**SECTION 3. SHPO RECOMMENDATION**

, who meets the Secretary of the Interior's Professional Qualification Standards has reviewed this application.

The rehabilitation work:

meets the Standards.

meets the Standards with concerns.

meets the Standards *only* if the attached conditions are met (Part 2 only).

does not meet Standard number(s)  for the reasons described in Section 5.

does not meet Standard number(s)  as completed, but could be brought into conformance with the Standards if the remedial work recommended in Section 5 is completed (Part 3 only).

warrants denial for lack of information.

is being forwarded without recommendation.

Date

State Historic Preservation Office Signature

This is a review sheet only and does not constitute an official certification of rehabilitation.

**SECTION 4. ISSUES**

- |   |  |
|---|--|
| <input type="checkbox"/> Alteration of significant exterior features or surfaces                              | <input type="checkbox"/> Alteration, removal, or covering of significant interior features or finishes |
| <input type="checkbox"/> Window replacement   | <input type="checkbox"/> Changes in significant interior plan, spaces, or circulation patterns         |
| <input type="checkbox"/> Additions, including rooftop.  | <input type="checkbox"/> Other (explain): <input type="checkbox"/>                                     |
| <input type="checkbox"/> Extensive site work, adjacent new construction, or demolition of adjacent structures |  |

**SECTION 5. SHPO EVALUATION** Explain the recommendation and any concerns, particularly issues checked in Section 3. Where denial is recommended, explain fully. For Part 3s, describe any work that differs substantively from the approved work. For Part 3s that do not meet the Standards as completed, describe remedial work, if any, that could enable the project to meet the Standards. Comment on notable aspects of the project, such as technical or design innovations, or creative solutions.

**SECTION 6. NATIONAL PARK SERVICE EVALUATION**

HISTORIC PRESERVATION CERTIFICATION APPLICATION  
NATIONAL PARK SERVICE  
RECOMMENDATIONS / COMMENTS

\_\_\_\_\_  
Date National Park Service Signature

Property Name	_____	Project Number	_____
Property Address	_____		

These comments respond to the Historic Preservation Certification Application –

- Part 2     Part 3     Amendment     Advisory determination for a phase

\_\_\_\_\_

\_\_\_\_\_  
Date State Historic Preservation Office Signature

**The National Park Service has reviewed this application and calls your attention to these recommendations or comments.**

Date

National Park Service Signature

Property Name		Project Number
Property Address		

The rehabilitation of this property as described in the Historic Preservation Certification Application will meet the Secretary of the Interior's Standards for Rehabilitation provided that the following condition(s) is/are met:

Photographs documenting that the conditions have been met must be submitted with the Request for Certification of Completed Work.

Any substantive change in the work as described in the application should be brought to the attention of the State Historic Preservation Office and the National Park Service in writing, using the Amendment/Advisory Determination form, prior to execution to ensure that the proposed project continues to meet the Standards.

Date

State Historic Preservation Office Signature

The National Park Service has reviewed this application and calls your attention to these recommendations or comments.

HISTORIC PRESERVATION CERTIFICATION APPLICATION  
NATIONAL PARK SERVICE  
RECOMMENDATIONS / COMMENTS

Date

National Park Service Signature

**NOTICES**

**Privacy Act Statement**

**Authority:** 26 U.S. Code § 47 - Rehabilitation credit; 26 U.S. Code § 170 - Charitable, etc., contributions and gifts.

**Purpose:** To enable the Secretary of the Interior to evaluate the historic significance of structures and whether the rehabilitation of such structures preserves their historic character. The primary use of this information by the Secretary of the Interior will be to certify to the Secretary of the Treasury that the applicant is eligible for Federal tax incentives for historic preservation. This application is used by the Interior Revenue Service to confirm that applicants for the tax incentives have obtained the certification concerning historic structures and historic rehabilitations that are required by law.

**Routine uses:** The information will be used by the National Park Service and the State Historic Preservation Offices and disclosed to the Internal Revenue Service to determine if the applicant is eligible for Federal tax incentives.

**Disclosure:** Voluntary, however, failure to provide the requested information may prevent or impede you from receiving consideration for the requested benefit.

**Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579 Section 7(b):** Your Social Security Number (SSN) is not needed.

**Paperwork Reduction Act Statement**

We are collecting this information subject to the Paperwork Reduction Act (44 U.S.C. 3501) through the State Historic Preservation Officer in order to enable the Secretary of the Interior to gain the benefit of the State review of applications for Federal tax incentives for historic by owners of historic properties. Information collected on this form, including names and all written comments, is subject to disclosure. All applicable parts of the form must be completed in order to receive consideration for the requested benefit. A Federal agency may not conduct or sponsor, and a person is not required to respond a collection of information unless it displays a currently valid OMB control number. OMB has approved this collection and assigned it control number 1024-0009.

**Estimated Burden Statement**

Public reporting burden for this form is estimated to average 5 hours per response when completed in association with NPS Form 10-168a (Part 2); 2.5 hours per response when completed in association with NPS Form 10-168b (Amendment – Advisory Determination); and 3.5 hours per response when completed in association with NPS Form 10-168c (Part 3), including the time it takes to read, gather and maintain data, review instructions and complete the form. Direct comments regarding this burden estimate, or any aspects of this form, to the Information Collection Clearance Officer, National Park Service, 12201 Sunrise Valley Drive, Mail Stop 242, Reston, VA 20192. Please do not send your form to this address.