NPS Form 10-168c (Rev. 6/2023) National Park Service OMB Control No. 1024-0009

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



Street City	Instru	uctions: This page must bear the applicant's original signature and mu	ıst be dated.			NPS Project Number	
Street City	1. I	Historic Property Name					
Is properly a certified historic structure? Yes No If yes, date of NPS certification OR date of National Register listing Project Data Project and date Project completed and building placed in service date Estimated robabilitation cods (CRE) Total estimated crobs (QRE plus non-QRE) Number of housing units before/after rehabilitation / Number of low-moderate housing units before/after rehabilitation / Number of low-moderate housing units before/after rehabilitation / Number of low-moderate housing units before/after rehabilitation / Number of housing units before/after rehabilitation / Number of low-moderate housing units Number of low-moderate housing units / Number of low-moderate housing of low-moderate housing units / Number of low-moderate housing low-moderate housing units / Number of low-moderate housing units							
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Project start date Estimated rehabilitation costs (QRE) Total estimated costs (QRE plus non-QRE) Number of housing units before/after rehabilitation / Number of low-moderate housing units before/after rehabilitation / Company Steel City Telephone Land additional owners on next page.) Investly attest that the information I have provided is, to the best of my knowledge, correct and that I am the owner of the above-described property within the meaning of "owner" set forth in 36 CRF 8 (27 (2011). For purposes of this attestation, the singular shall include the plural wherever appropriate. I understand that knowing and willful aliafication of facular representations in this application may subject me to fines and imprisonment under 18 U.S.C. 9 (1001, which, under certain circumstances provides for imprisonment of up to 8 years. Additional, as noted in a written statement from the owner, a copy of which statement (a) either is attached to this application and has no objection, as noted in a written statement from the owner, a copy of which statement (a) either is attached to this application and has no objection, as noted in a written statement from the owner, a copy of which statement (a) either is attached to this application and has no objection, as noted in a written statement from the owner, a copy of which statement (a) either is attached to this application and has no objection, as noted in a written statement from the owner, a copy of which statement (a) either is attached to this application and has no objection, as noted in a written statement from the owner, a copy of which statement (a) either is attached to this application and incorporated herein, or has been previously submitted application. There are no additional owners within the meaning of 'owner' set forth in 36 CFR § 67.2 (2011). Name Date Applicant Entity Signature Date Telephone Email Address WPS Official Use Only The National Park Service has reviewed the Historic Preservator Certification Application - Request for Certifi	ŀ						
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Street Contact (if different from applicant) Name Company Street Colly State City Stat	E			ed costs (QRE plu	s non-QRE)		
Street City State Zip Telephone Email Address 1. Applicant (List all additional owners on next page.) 1. Intrody attest that the information I have provided is to the best of my knowledge, correct and that I am the owner of the above-described property within the meaning of the provides of the property of the attestation, the singular shall include the plural whetever appropriate. I understand that knowing and willful falsification of facular 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 § years. Additionally. If I am not the fee simple owner of the above described property, I have checked this box to attest that the fee simple owner is aware of the action I and taking relative to this application and has no objection, as noted in a written statement from the owner, a copy of which statement (a) either is attached to this application, as noted in a written statement of 36 CFR § 67.3(a)(1) (2011). Applicant, SSN, or 118 has changed since previously submitted application. There are no additional owners within the meaning of "owner" set forth in 36 CFR § 67.2 (2011). Name Signature Signature Date Zip Telephone Email Address VPS Official Use Only The National Park Service has reviewed the Historic Preservation Certification Application – Request for Certification of Completed Work (Part 3) for this property 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 and only where applicable, the district in which is located. Effective the date indicated below, the rehabilitation of the Telephone of the property and only where applicable, the district in which is located. Effective the date indicated below, the rehabilitation of the Telephone of the property and only where applicable, the district in which is located. Effective the date indicated below, the	١	Number of housing units before/after rehabilitation /	Number of lo	w-moderate housir	ng units before/after reh	abilitation /	
Street	3. F	Project Contact (if different from applicant)					
Applicant (List all additional owners on next page.)	1	Name	Com	pany			
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Date National Park Service Authorized Signature			perty or the district in v	vhich it is located a	nd that the project does	s not meet the Secretary of the	
	4 сору	of this determination will be provided to the Internal Revenue Service	in accordance with F	ederal law.			
L. NIDO Commente Alfanta d	Date		vice Authorized Signa	ture			

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

Historic Property Name		NPS Project Number		
Property Address				
Additional Owners. Continue on additional sheets as needed to list all owners.				
Name	SSN		or TIN	
Street Address				
City		State	Zip	
Name			or TIN	—
Street Address				
City		State	Zip	
Name	SSN		or TIN	
Street Address				
City		State	Zip	
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Street Address				
City		State	Zip	
Name	SSN		or TIN	
Street Address				
City		State	Zip	

HISTORIC PRESERVATION CERTIFICTION APPLICATION PART 3 – REQUEST FOR CERTIFICATION OF COMPLETED REHABILITATION

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 Internal 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 informationmay 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 needed to identify records unique to you. Applicants are required to provide their social security or taxpayer identification number for activities subject to collection of fees and charges by the National Park Service. Failure to disclose your SSN may prevent or delay the processing of your application. The authority for soliciting your SSN is 31 U.S.C. 7701. The information gathered through the use of the SSN will be used only as necessary for processing this application and collecting and reporting any delinquent financial obligations. Use of the SSN will be carried out in accordance with established regulations and published notices of system of records.

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 preservation 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 14 hours per response including the time it takes to read, gather and maintain data, review instructions and complete the form. Direct comments regarding these burden estimates, 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.



Records Retention Statement

Permanent. Transfer all permanent records to NARA 15 years after closure. (NPS Records Schedule, Resource Management and Lands (Item 1.A.2) (N1-79-08-1))

FOR APPLICANT RECORDS ONLY - THIS PAGE DOES NOT NEED TO BE PRINTED FOR APPLICATION