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 low-moderate housing units Number of low-moderate housing low-moderate housing units Number of low-moderate housing low-moderate housing low-moderate Number of low-moderate housing low-moderate housing low-moderate Number of low-moderate housing low-moderate ho | | | | | | | | | |
| te property a certified historic structure? Yes No If yes, date of NPS certification Register listing Project Data Project tain date Project Contact Project Contact 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 / Project Contact (if different from applicant) Name Company Street City State Zip Telephone Email Address Applicant (List all additional corners on not page.) Intertry afters that the information I have provided is, to the best of my knowledge, correct and that I am the cover of the above-described property within the meaning of "owner's effect bit in 36 CFR § 67.2 (2011). For purposes of this afterstance of this application and an an another in the supplication and an another in a supplication of a subject of the supplication and an another in a supplication of the supplication and an another in a supplication of the supplication and an another in a supplication | | | | | State | Zip | | | |
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| Street | 3. F | Project Contact (if different from applicant) | | | | | | | |
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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. | | | | | |
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| 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 _ | |
| Maria | CON | | TINI | |
| Name | | | OF I IIN | |
| Street Address | | | | |
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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