

**PENNSYLVANIA HISTORIC PRESERVATION TAX CREDIT PROGRAM
PHMC HISTORIC PRESERVATION CERTIFICATION SUPPLEMENTAL APPLICATION
PART 2 - DESCRIPTION OF REHABILITATION**

For DCED/PHMC use only
EAS No: / / /

Instructions: Read the instructions carefully before completing application. No certification will be made unless a completed application form has been received. If additional space is needed, use continuation sheets or attach blank sheets. A copy of this form may be provided to the Pennsylvania Department of Revenue. The decision by the Pennsylvania Historical and Museum Commission 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. Property Name: _____
 Property Address: Street: _____
 City: _____ County: _____ State: PA 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* (if application for federal tax credits submitted): _____
 * If you have submitted a federal Historic Preservation Certification Application Part 2 – Description of Rehabilitation, you do not need to submit additional Part 2 application materials. You only need to complete and submit this cover sheet.

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:

Name _____ Signature _____ Date _____
 Organization _____
 Social Security or Taxpayer Identification Number _____
 Street _____ City _____
 State _____ Zip _____ Daytime Telephone Number _____

PHMC Official Use Only

The PHMC 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 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 the rehabilitation can be issued only to the owner of a "qualified 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 PHMC Authorized Signature

See Attachments

PHMC HISTORIC PRESERVATION CERTIFICATION SUPPLEMENTAL APPLICATION
PART 2 – DESCRIPTION OF REHABILITATION

Property Name: _____ EAS No: _____

Property Address: _____

5. Detailed description of rehabilitation work Reproduce this page as needed 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 _____
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Describe existing feature and its condition

Photo numbers _____ Drawing numbers _____

Describe work and impact on feature

Number	Feature _____	Date of Feature _____
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Describe existing feature and its condition

Photo numbers _____ Drawing numbers _____

Describe work and impact on feature

PHMC HISTORIC PRESERVATION CERTIFICATION SUPPLEMENTAL APPLICATION
PART 2 – DESCRIPTION OF REHABILITATION

Property Name: _____ EAS No: _____

Property Address: _____

5. Detailed description of rehabilitation work Reproduce this page as needed 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

**PHMC HISTORIC PRESERVATION CERTIFICATION SUPPLEMENTAL APPLICATION
AMENDMENT SHEET**

Property Name: _____

EAS No.: _____

Property Address: _____

Instructions. Read the instructions carefully before completing. Type, or print clearly in black ink. Use this sheet to amend a submitted Part 1, 2 or 3 application. Photocopy additional sheets as needed.

This sheet: Amends Part 1 Amends Part 2 Amends Part 3
 requests an advisory determination that phase _____ of _____ phases of this rehabilitation project meets the Secretary of the Interior's Standards for Rehabilitation.
Phase completion date: _____
Cost of this phase: _____

See Attachments

Project Contact (if different from owner)

Name _____ Organization _____

Street _____ City _____

State _____ Zip _____ Daytime Telephone Number _____

Owner

Name _____ Signature _____ Date _____

Organization _____ SSN OR Taxpayer ID Number _____

Street _____ City _____

State _____ Zip _____ Daytime Telephone Number _____

PHMC Official Use Only

The PHMC has reviewed this amendment to the Historic Certification Application and has determined that the amendment:

___ meets the Secretary of the Interior's *Standards for Rehabilitation*.

___ will meet the Secretary of the Interior's *Standards for Rehabilitation* if the attached conditions are met.

___ does not meet the Secretary of the Interior's *Standards for Rehabilitation*.

See Attachments