

PART 3 - REQUEST FOR CERTIFICATION OF COMPLETED WORK
STATE HISTORIC REHABILITATION TAX CREDIT PROGRAM
HISTORIC PRESERVATION CERTIFICATION APPLICATION

DHR Project No. _____

Instructions: Upon completion of the rehabilitation, submit this form with photographs of the completed work (both exterior and interior views), together with the appropriate review fee. If a Part 2 application has not been previously submitted, it must accompany this Request for Certification of Completed Work. Type or print clearly in black ink. The decision by the Virginia Department of Historic Resources 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. *Please note that all components of the Part 3 application must be submitted to the Virginia Department of Historic Resources within one year of the project completion date.*

Data on property:

Name of property: _____

Address of property Street: _____

City: _____ State: Virginia Zip: _____

Is this property a certified historic structure? ☐ Yes ☐ No

☐ Individually listed on the Virginia Landmarks Register

☐ Certified as contributing structure in listed historic district (attach VDHR letter of certification)

☐ Certified as eligible for individual listing on the Virginia Landmarks Register (attach VDHR letter of certification)

Data on rehabilitation project:

Project starting date: _____

This application covers number _____ of _____ phases.

Date of final Certificate of Occupancy (or, if no Certificate of Occupancy was issued, date rehabilitation work was completed):

Costs attributed solely to the rehabilitation of the historic structure:

\$_____ (attach CPA report)

Costs attributed to new construction associated with the rehabilitation, including additions, site work, parking lots, landscaping:

\$_____

Assessed value of the building in the year prior to the start of the rehabilitation project:

\$_____

As defined under §58.1-339.2, the building: ☐ is owner-occupied ☐ is not owner-occupied

Following rehabilitation, the building will be used for:

☐ Owner-occupied single-family residence

☐ Rental housing

☐ Market rate

Number of units: _____

☐ Low/moderate income

Number of units: _____

☐ Assisted living

Number of units: _____

☐ Office/commercial space

☐ Retail space

☐ Industrial space

☐ Hotel/Bed and Breakfast/Inn

☐ Other: _____

Data on ownership and Request for Certification:

I hereby apply for certification of rehabilitation work at the property described above for purposes of the State tax incentives. I declare under penalty of law that the information provided is, to the best of my knowledge, correct, and that in my opinion the completed rehabilitation meets the Secretary's "Standards for Rehabilitation," is consistent with the work described in Part 2 of the Historic Preservation Certification Application, as approved by the Virginia Department of Historic Resources, and that the reported rehabilitation costs are valid and eligible for the tax credit. I understand that submission of false records or falsification of anything in communications with the department is grounds for denial of the certification of completed work and is punishable under Virginia and federal law.

Name: _____

(If there is more than one owner, Disclosure of Ownership Form must be attached. This does not apply to pass-through entities.)

Organization: _____

Street: _____

City: _____ State: _____ Zip: _____

Social Security or Taxpayer Identification Number: _____

I attest that I have, or am the authorized representative of an entity that has, a possessory interest in the property:

- ☐ I am the owner or an authorized representative of the owner. (Attach list of additional owners if necessary)
- ☐ I am a lessee or an authorized representative of a lessee which actually incurred the rehabilitation expenditures.
- ☐ The credit is being claimed under a landlord-tenant pass-through arrangement. I am a lessee or an authorized representative of a lessee under a lease term of 5 years or longer.

Signature: _____ Date: _____

Please return completed form to:

Division of Preservation Incentives
Virginia Department of Historic Resources
2801 Kensington Avenue
Richmond, Virginia 23221

- ☐ Attachments:
 - ☐ Photographs of completed work
 - ☐ Photo point map
 - ☐ CPA report
 - ☐ Letter of certification of historic significance
 - ☐ Other:

