COMMONWEALTH OF VIRGINIA DEPARTMENT OF HISTORIC RESOURCES

PART 2 - DESCRIPTION OF REHABILITATION

STATE HISTORIC REHABILITATION TAX CREDIT PROGRAM HISTORIC PRESERVATION CERTIFICATION APPLICATION

DHR Project No.:

Instructions: Read the instructions carefully before completing application. No certification will be made unless a completed application form has been received. Type or print clearly in black ink. If additional space is needed, use the Continuation/Amendment Form found at the back of this application. A copy of this form may be provided to the Virginia Department of Taxation. 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.

	Name of property:						
	Address of property:	Street					
		City	County	State _	VA_	Zip	
			rks Register: date of listing:				
			gnificance) been submitted for this proDate of c				
	NPS Project Number (if application for fed	deral tax credits submitted):				
	Data on building and	rehabilitation proj	ject:				
	Date building construc	eted:	Total number of hous	ing units befor	e rehabilita	ation:	
	Type of construction:					ne:	
	Use(s) before rehabilit	ation:	Total number of hous	ing units after	rehabilitati	ion:	
	Proposed use(s) after rehabilitation: Number that are low-moderate income:						
	Estimated cost of rehabilitation: Floor area before rehabilitation:						
			Floor area after rehab	ilitation:			
	Is this a phased project? uses no Number of Phases (include a phasing plan):						
	Project/phase start date						
			☐ yes ☐ no If yes, list the easement				
	Project contact:						
			Signature		Dat	e	
			City				
	State	Zip	Daytime Teleph	one Number _			
	Owner:						
	I declare under penalty of law that the information provided is, to the best of my knowledge, correct, and that I own the property						
	described above. 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.						
			Signature—		— Dat	e ———	
	OrganizationSocial Security or Taxpayer Identification Number						
	Social Security or Tax	payer Identification	Number				
	Street		City Daytime				
	State	Zip _	Daytime	Telephone N	umber		
	Email Address						

Property Name	
Property Address	
	DHR Project Number:
5. DETAILED DESCRIPTION OF REHABILI property, including site work, new construction	TTATION/PRESERVATION WORK – Fully describe all work at the ion, alterations, etc. Complete below.
Number 1. Architectural feature	Describe work and impact on existing feature:
Photo no Drawing no	-
Number 2. Architectural feature Approximate date of feature Describe existing feature and its condition:	Describe work and impact on existing feature:
Photo no Drawing no	-
Number 3. Architectural feature Approximate date of feature Describe existing feature and its condition:	Describe work and impact on existing feature:
Photo no Drawing no	-
Number 4. Architectural feature	Describe work and impact on existing feature:
Photo noDrawing no	

DHR Form TC-2; Revised 10/15

Page 2 of 7

Property Name	
Property Address	
	DHR Project Number:
Number 5. Architectural feature Approximate date of feature Describe existing feature and its condition:	Describe work and impact on existing feature:
Photo noDrawing no	
Number 6. Architectural feature Approximate date of feature Describe existing feature and its condition:	Describe work and impact on existing feature:
Photo noDrawing no	
Number 7. Architectural feature Approximate date of feature Describe existing feature and its condition:	Describe work and impact on existing feature:
Photo noDrawing no.	
Number 8. Architectural feature	Describe work and impact on existing feature:
Photo noDrawing no	

Property Name	
Property Address	DHR Project Number:
Number 9. Architectural feature Approximate date of feature Describe existing feature and its condition:	Describe work and impact on existing feature:
Photo noDrawing no	
Number 10. Architectural feature Approximate date of feature Describe existing feature and its condition:	Describe work and impact on existing feature:
Photo noDrawing no	
Number 11. Architectural feature Approximate date of feature Describe existing feature and its condition:	Describe work and impact on existing feature:
Photo noDrawing no	
Number 12. Architectural feature Approximate date of feature Describe existing feature and its condition:	Describe work and impact on existing feature:
Photo noDrawing no	

Property Name	
Property Address	
	DHR Project Number:
Number 13. Architectural featureApproximate date of featureDescribe existing feature and its condition:	Describe work and impact on existing feature:
Photo noDrawing no	
Number 14. Architectural feature Approximate date of feature Describe existing feature and its condition:	Describe work and impact on existing feature:
Photo noDrawing no	
Number 15. Architectural feature	Describe work and impact on existing feature:
Photo noDrawing no	
Number 16. Architectural featureApproximate date of featureDescribe existing feature and its condition:	Describe work and impact on existing feature:
Photo noDrawing no	

Property Name	
Property Address	
Troporty radioss	DHR Project Number:
Number 17.	Describe work and impact on existing feature:
Architectural feature	·
Approximate date of feature	
Describe existing feature and its condition:	
Photo noDrawing no	
Number 18.	Describe work and impact on existing feature:
Architectural feature	Describe work and impact on existing routure.
Approximate date of feature	
Describe existing feature and its condition:	
Photo noDrawing no.	
Number 19.	Describe work and impact on existing feature:
	Describe work and impact on existing reactive.
Approximate date of feature	
Architectural featureApproximate date of feature Describe existing feature and its condition:	
Photo noDrawing no.	
Number 20.	Describe work and impact on existing feature:
	Describe work and impact on existing feature.
Architectural featureApproximate date of feature	
Describe existing feature and its condition:	
Photo noDrawing no.	

CONTINUATION/AMENDMENT SHEET

Historic Preservation Certification Application

Property N	ame:					
Property A	ddress		DHR Project Number:			
		fully before completing. Type, and an application already subm		c. Use this sheet to continue sectional sheets as needed.	ns of the	
This sheet:	☐ continues Part 1	☐ continues Part 2	amends Part 2	amends Part 3		
Name		Signature		Date		
Street			City			
State		Zip	Daytime Telephone	Number		
☐ See Attac	chments					

DHR Form TC-2; Revised 10/15

Page 7 of 7