

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HISTORIC RESOURCES

PART 1 - EVALUATION OF SIGNIFICANCE
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. *Please note that for properties listed individually in the Virginia Landmarks Register, Evaluation of Significance is required if the property has one or more outbuildings or other secondary resources.*

1. **Name of property:** _____

Address of property: Street: _____

City: _____ County: _____ State: VA Zip: _____

DHR identification number: _____ Historic District: _____

2. **Check nature of request (check only one box):**

- Certification that the building contributes to the significance of the above-named historic district for the purpose of rehabilitation.
- Certification that the building does not contribute to the significance of the above-named district.
- Certification that the building is individually listed on the Virginia Landmarks Register.
- Certification that an outbuilding or secondary resource contributes to the above-named property that is individually listed on the Virginia Landmarks Register.
- Preliminary determination that a building located in a potential historic district contributes to the significance of the district.
- Preliminary determination for individual listing in the Virginia Landmarks Register.
- Preliminary determination that a building outside the period or area of significance contributes to the significance of the district.

3. **Project contact:**

Name: _____

Street: _____ City: _____

State: _____ Zip _____ Daytime Telephone Number: _____

E-mail address: _____

4. **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 falsification of factual representations is subject to criminal sanctions.

Name: _____ Signature: _____ Date: _____

Organization: _____

Social Security or Taxpayer Identification Number: _____

Street: _____ City: _____

State: _____ Zip _____ Daytime Telephone Number: _____

E-mail address: _____

Signature of Property Owner: _____

**HISTORIC PRESERVATION CERTIFICATION APPLICATION
PART 1 - EVALUATION OF SIGNIFICANCE**

Property Name

Property Address

5. Description of physical appearance:

Date of construction: _____ Source of date: _____

Date(s) of alteration(s): _____

Has building been moved? yes no If so, when? _____

6. Does the property have outbuildings (e.g. garage, shed, barn) or other secondary resources? yes no

Type of Outbuilding	Approximate Date	Contributing Status	Brief Physical Description
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Please use a Continuation/Amendment form to list additional outbuildings.

7. Statement of significance:

Property Name

Property Address

- 8. Photographs and maps:** Attach photographs and maps to indicate the location of each building or structure to application.

Please return completed form to:

Tax Credit Division
Virginia Department of Historic Resources
2801 Kensington Avenue
Richmond, Virginia 23221