TEXAS HISTORICAL COMMISSION

Texas Historic Preservation Tax Credit Application Instructions Part B: Description of Rehabilitation

All forms must be fully completed with all information necessary to fully evaluate the project. Incomplete forms or missing documentation will result in applications being placed on hold while additional information is requested.

Property information: This information should match the corresponding sections of the Part A application. You may skip the project ID if you have not yet been assigned a number.

Contact Information: Applicant is the person or entity who will receive the credits. Project Contact is usually the person who completed the forms and who will serve as the primary point of communication with the THC. Property owners must be identified in cases where the applicant does not own the property.

Project Information: Please fill out all blanks as accurately as possible. THC understands that project costs and timelines may change, but uses this information to track projects and our program. Dates must include month, date, and year.

For-profit entities that own the subject property should check either "non-residential real property" or "residential real property" as appropriate. Lessees with long-term leases applying for the credit should check "lessee" and describe the length of the property lease, to ensure they meet IRS regulations.

Project Description: Information starting on Page 3 is used to determine if your proposed work meets the Secretary's Standards for Rehabilitation. Additional information about our reviews can be found on pages 7-9 of the THPTC Application Guide.

Project Summary: Give a general description of the scope of work, what parts of the building and/or site are not included in this work, and if the project will be phased. If the project will be phased, please provide a description of each phase and their estimated timelines.

Detailed Description of Rehabilitation Work: Describe *all* work that will be undertaken on the building and property, including items that are not QREs. Break the overall project down into building parts, spaces, materials, etc, as appropriate to describe the project. Begin with sitework, followed by the exterior, and then the interior, of the building. Do this for each building on the property, if there are multiple buildings.

Please be thorough and detailed. Create as many entries as necessary to fully describe the project. Architectural plans do not substitute for a comprehensive narrative.

Fill out all blanks for each work item noting photos and plans that document the feature and proposed work items.

If you have already begun work, describe all completed work using the past tense, and noting the dates work was undertaken.

Additional pages can be used, if necessary.

Applications and all supporting documents must be submitted in hard copy.

Photographs: Submit photos of the building from before work began, as well as current photos if work has already begun. Photos must include overall shots of the building's exterior and all major interior spaces. Photos of details, of individual building parts should be used to document the condition of these items and supplement the project narrative.

Photos must be labeled and formatted according to directions on page 12 of the Application Guide. Photos must also be numbered and keyed to site plans and floor plans. Historic photos of the building should also be submitted, if necessary to illustrate any work items.

Plans and other documentation: Architectural and engineering plans should be submitted, if those have been prepared for the project, along with product information, cleaning specifications, or other documentation as appropriate. Plans must be printed at a size that allows all notes to be legible.

The applicant AND owner, if separate from the applicant, must sign and date the form.

If applying for both state and federal credits: submit one copy of the state form, including the narrative sections. Submit two copies of the federal form (one with original signature), and 2 copies of all photographs, drawings, and other supporting documentation.

If applying for the state credits only: submit one copy of the state form and one copy of all photographs, drawings, and other supporting documentation.

Please enclose (preferred), or send under separate cover, a check for your review fee in the amount indicated by the Fee Schedule on Page 12 of the THPTC Application Guide. Label your check with the property name.

Address applications to: Texas Historical Commission Texas Historic Tax Credit Program

via courier or delivery service (preferred), at: 108 W 16th St, 2nd Floor Austin, TX 78701

via USPS, at: P.O. Box 12276 Austin, TX 78711-2276

TEXAS HISTORICAL COMMISSION

Texas Historic Preservation Tax Credit Application Part B: Description of Rehabilitation

Read instructions carefully before completing application. No certification will be made unless a completed, signed application form has been received. Type or print clearly in black ink. If additional space is needed, attach blank sheets. Please submit only **one** copy of this application and supporting materials. Please do not use spiral binding, binders or folders to submit your application. You may submit your application in person, via courier service or U.S. Mail. E-mailed or faxed applications will not be accepted.

Note: If you wish to participate in the Federal program, you <u>must</u> submit the appropriate Federal application(s) to the THC. Visit <u>www.nps.gov/tps</u> to download applications.

State application fee is due at the time of submission.

Please Check One:	☐ State and	Federal Applicat	ion	□State	e Only	Application	n		
Property Name:									
Property Address:									
Property Address: Street			City		(County		Zip Code	
Part A – Evaluation of Sig	gnificance subn	nitted? □Y □N I	Date submitt	ted	D	ate of certifi	cation		
Historic District name				in district				CLG? □Y	
State Project ID: THPTC			Fed	leral Project ID: 1	NPS#				
Applicant (if different from	owner listed be	low)	Pro	oject Contact					
Name			Nai	me					
Organization			Org	ganization					
Address		T	Ado	dress			1		
City	State	Zip	City	y .	5	State	Zip		
Telephone	Email			ephone		Email			
Property Owner 1			Pro	operty Owner 2 (list add	itional owner	rs on separ	rate page)	
Name			Nai						
Organization			,	ganization					
Address	T _	1		dress			1		
City	State	Zip	City			State	Zip		
Telephone	Email		Tel	ephone		Email			
Project Information									
Number of buildings on site	/ involved in p	roject:	# on site _			# in project			
Estimated total / qualified co	osts of project:		Total \$						
Estimated start / completion	n dates of projec	t:	Start date _		Completion			_	
Property use before / after r	ehabilitation:		Before						
Check all that apply: □ No	n-residential rea	ıl property (e.g. res	staurant, reta	ail, warehouse, or o	office u	sed by a taxa	ble entity))	
				institution of high	er edu	cation			
□ Ta	ıx exempt use pı	coperty	□ Lesse	ee (Term of lease:_)	
Property value before / after	rehabilitation (est.): Be	efore		After	(est.)			
Floor area before / after reh	abilitation (est.):	Ве	efore	sqft	After		sq1	ft	
Number of housing units be	fore / after reha	bilitation: Be	efore		After			=	
Architecture firms, develope companies to be involved in									

Property Name	
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Applicant Agreement

I hereby swear or affirm, under penalty of perjury, that the information which has been provided in this application is, to the best of my knowledge, true, correct, and complete. I further swear or affirm that I am the owner or have the authority to act on behalf of the owner(s) of the above-described property (within the meaning of owner set forth in Title 13, section 13.1 of the Texas Administrative Code). If I am not the owner of this property, the owner(s) is/are aware of the action I am taking relative to this application, has no objection, and has signed below to affirm the same.

Release of Project Financial Information

I understand that the information I have provided in this Texas Historic Preservation Tax Credit application may be subject to release to the public under the Texas Public Information Act, Texas Government Code Chapter 552 (the "Act"). I also understand that under Subchapter C of the Act, certain information, including project costs, may be excepted from required disclosure if I timely demonstrate to the Office of the Attorney General of Texas that an exception to mandatory disclosure applies. By checking the appropriate box below, I hereby waive my right to assert that an exception applies to information I have provided in the Project Information section of the application and grant THC permission to release this information in response to a records request submitted to THC under the Act without notifying me. I further authorize THC to use application information I provide in the Project Information section in THC publications or on THC's website to publicize and promote the Texas Historic Preservation Tax Credit and projects certified through the program. Applicant responses below do not affect approval or disapproval of this application.

		information provided in the Project Information finformation provided in this Application.	
Applican	t Signature	Applicant Name	Date
Owner S	ignature	Owner Name	Date
	The proposed rehabilitation dese with the district in which it is lost is a preliminary determination o	riewed the Historic Preservation Tax Credit Appearable the Consistent with the character of cated and that the project meets the Secretary nly, since a formal certification of rehabilitation	of the Interior's Standards for Rehabilitation. This letter
	•	meet the Secretary of the Interior's Standards f	1 1
		ot consistent with the historic character of the s not meet the Secretary of the Interior's Stand	
	There is not enough information Standards for Rehabilitation.	n to determine whether the proposed rehabilita	ation will meet the Secretary of the Interior's
	The project (or portions thereof	does not appear to meet the program's eligibi	ility requirements.
Tevas H	istorical Commission Authorized	Signature	 Date

	summarize your project. Give a general c work, and if the project will be phased. If		parts of the building and/or site are not ide a description of each phase and their	
Detailed Descrip	tion of Rehabilitation Work			
			er items consecutively and thoroughly describe	
	ng building exterior and interior, addition			
Also specify the	dates that work on that feature was, or is	anticipated to be, started and complete	cd.	
<u> </u>				
Number	Feature	Constru	ction date of feature	
	Feature	Constru	ction date of feature	
		Constru	ction date of feature	
		Constru	ction date of feature	
		Constru	ction date of feature	
		Constru	ction date of feature	
		Constru	ction date of feature	
		Constru	ction date of feature	
		Constru	ction date of feature	_
	Ceature and condition:	Date work	Date work	
Describe existing	Drawing numbers:			
Describe existing	Teature and condition: Drawing	Date work	Date work	
Describe existing	Drawing numbers:	Date work	Date work	
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Describe existing the second of the second o	Drawing numbers:	Date work	Date work	

Property Name	

Number	Feature		Construction date of feature	_
Describe existing f	eature and condition:			
Photo	Drawing	Date work	Date work	
numbers:	numbers:	started:	completed:	
Describe work and	impact on feature:			
Number	Feature		Construction date of feature	
Number Describe existing f	Feature		Construction date of feature	
	Featureeature and condition:		Construction date of feature	
			Construction date of feature	
			Construction date of feature	
			Construction date of feature	
			Construction date of feature	
Describe existing f	eature and condition:	Date work		
Describe existing f	Drawing numbers:	Date work started:	Construction date of feature Date work completed:	
Describe existing f	eature and condition: Drawing	Date work started:	Date work	
Describe existing f	Drawing numbers:	Date work started:	Date work	
Describe existing f	Drawing numbers:	Date work started:	Date work	
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