



Application for Historic Properties Tax Credit
ORDINANCE 2024-23
Part I – Evaluation of Significance

HTC Number (HDC office use only): _____

Instructions: Fill out this form for determination of whether the historic structure is located within a qualifying area. Owners of properties that have the Historic Preservation Zoning Overlay do NOT need to complete this form. For structures under MHT Easement, a copy of the easement document must be included.

PROPERTY INFORMATION

Property Name
Street Address
City Zip

Check all designations that apply:

- Historic Structure in the Antietam Overlay 1 or 2
Historic Structure contributing to a Historic Rural Village
Historic Structure under MHT Easement
Historic Structure in an eligible municipality (list below)

Municipality _____

APPLICANT INFORMATION

Name
Street Address
City State Zip
Telephone Email Address

PROJECT CONTACT (if different from applicant)

Name
Company
Street Address
City State Zip
Telephone Email Address

PROPERTY DETAIL INFORMATION

Date(s) of building(s) including source of date(s)

Construction materials (brick, wood frame, etc.)

Date(s) of exterior alteration(s)

Description of the physical appearance (size, number of stories, style, construction materials)

Statement of significance

APPLICATION CHECKLIST

Application Form – I have filled in all applicable fields. (check Equivalent Documentation below if applicable)

Signature – I signed and dated the Part 1 application

Ownership – If I am not the fee-simple owner of the property, I have provided a written statement from the fee-simple owner indicating that he or she is aware of the application and has no objection to the request for review

Significance justification – I have attached documentation to support the significance of the historic structure

Photographs – I have attached exterior photographs of all sides of the structure including areas applicable to the application

Equivalent Documentation – I am attaching an equivalent documentation packet for review.

I attest that I have read and understand the Historic Properties Tax Credit Application and that the information provided in this application is true, completed and accurate to the best of my/our knowledge and belief.

Signature of Applicant

Printed Name of Applicant

Date

Signature of Applicant

Printed Name of Applicant

Date

Historic District Commission Use Only

The Historic District Commission has reviewed the Application for Historic Properties Tax Credit – Part I for the above-named property and has determined that the property:

Is located in an existing qualified area and meets historic structure criteria

Appears to meet the qualifications of a historic structure pending designation through individual Historic District

Is not a historic structure because it is not in a qualifying area; does not meet criteria for local designation

Is not adequately documented in the application and therefore cannot be reviewed

Date of HDC Review

OWNER'S REPRESENTATIVE AFFIDAVIT

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Instructions: Fill out this form if the applicant is **NOT** the fee-simple owner of the property.
.....

This is to certify that _____ is authorized to make Part I -
Application for Historic Properties Tax Credit (ORDINANCE 2024-23) for property located
at _____.

The review for evaluation of significance is authorized
by _____, the owner in fee.

PROPERTY OWNER:

Name

Address

City State Zip Code

Property Owner's Signature

AUTHORIZED REPRESENTATIVE:

Name

Address

City State Zip Code

Authorized Representative's Signature