



Application for Historic Properties Tax Credit
ORDINANCE 2024-23
Part II – Description of Rehabilitation

HTC Number (from Part I Application): _____

Instructions: Fill out this form for determination of whether the proposed work is consistent with Washington County Design Guidelines and Secretary of the Interior Standards for Rehabilitation.

PROPERTY INFORMATION

Property Name
Street Address
City Zip

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 DATA

Indicate One: Primary/Secondary Residence Mixed-Use
Residential Commercial
Other _____

Estimated Start Date
Estimated Completion Date
Estimated Qualified Rehabilitation Expenditures

DETAILED DESCRIPTION OF REHABILITATION WORK

Use this page to describe all exterior work and new construction.

Number	Feature
Describe existing feature and its condition	
Describe work and impact on feature	
Photo Numbers	Drawing Numbers

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APPLICATION CHECKLIST

Application Form – I have filled in all applicable fields.

Signature – I signed and dated the Part 2 application

Description of Rehabilitation Work – I have described ALL proposed work planned for the exterior of my property. I understand that all work must be consistent with the Washington County Design Guidelines and Secretary of the Interior’s Standards and be reviewed and approved by the Historic District Commission

Supplementary Materials – If applicable to my project, I have attached site plans, demolition plans, architectural plans, HVAC plans, replacement window/door drawings and/or product specifications.

Photographs – I have attached photographs to support the description of work.

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 II for the above-named property and has determined that the proposed rehabilitation described herein:

Is consistent with the Secretary of the Interior’s Standards for Rehabilitation and Washington County Historic Guidelines. Final certification can be issued only after the rehabilitation work is completed as herein described and a Part 3 application is submitted and approved

Is consistent with the Secretary of the Interior’s Standards for Rehabilitation if the attached conditions are met. A final certification can be issued only after the rehabilitation work is completed as herein described and a Part 3 Application is submitted and approved.

Is not consistent with the Secretary of the Interior’s Standards for Rehabilitation, eligibility requirements, and/or does not comply with program requirements and therefore certification is denied.

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

Date of HDC Review

OWNER'S REPRESENTATIVE AFFIDAVIT

.....
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 II -
Application for Historic Properties Tax Credit (ORDINANCE 2024-23) for property located at

The review for description of rehabilitation 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