

**MASSACHUSETTS HISTORICAL COMMISSION
STATE HISTORIC REHABILITATION TAX CREDIT PROGRAM
HISTORIC PRESERVATION CERTIFICATION APPLICATION**

PART 2 – DESCRIPTION OF REHABILITATION

Property Name

Property Address

Project Number: _____

5. Public support for project (please attach letters of support):

- National Trust for Historic Preservation
- State Preservation Organization (PreservatiON MASS)
- Local Historical Commission / Local Historic District Commission
- Other:
 - _____
 - _____

6. Other sources of funding:

Please describe the extent of financial hardship for the project _____

Please describe the importance of state assistance for successful project completion _____

Please list additional funding sources (public and/or private) _____

Please list the comparative per capita income average for the city or town _____

Please attach a pro forma indicating the project's sources of funding, total project costs, and any funding gaps.

7. Compliance with Executive Orders, planning initiatives:

Please list any Executive Orders with which the project complies (e.g. Executive Order 215, Executive Order 452):

- _____
- _____
- _____
- _____

Please list any local, state, or regional preservation, revitalization/development plans, or other planning initiatives with which the project is consistent:

- _____
- _____
- _____
- _____

**MASSACHUSETTS HISTORICAL COMMISSION
STATE HISTORIC REHABILITATION TAX CREDIT PROGRAM
HISTORIC PRESERVATION CERTIFICATION APPLICATION
PART 2 – DESCRIPTION OF REHABILITATION**

Property Name

Property Address

Project Number: _____

8. Is the property under threat of loss (please check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Deferred maintenance; ___ years | <input type="checkbox"/> Demolition imminent without tax credit |
| <input type="checkbox"/> Water penetration (please rate mild or major) | <input type="checkbox"/> Property has been vacant; years vacant: _____ |
| <input type="checkbox"/> Structural failure (please rate mild or major) | |
| <input type="checkbox"/> Other (please describe): _____ | |
- _____

9. Please list any particular preservation and restoration work or any specialized craftsmanship to be executed as part of the project (e.g. terra cotta restoration, masonry repointing, window rehabilitation, etc.): _____

Please also list any creative or innovative solutions to difficult preservation issues: _____

10. If you propose to replace windows, please submit a conditions assessment documenting the percentage of loss or deterioration.

11. Readiness to proceed:

- Please attach a project timeline which includes a site preparation start date or a construction date, dates on which financing (public or private) will be/has been secured, and an estimated completion date.

**MASSACHUSETTS HISTORICAL COMMISSION
STATE HISTORIC REHABILITATION TAX CREDIT PROGRAM
HISTORIC PRESERVATION CERTIFICATION APPLICATION**

PART 2 – DESCRIPTION OF REHABILITATION

Property Name

Property Address

Project Number: _____

13. DETAILED DESCRIPTION OF REHABILITATION/PRESERVATION WORK – Includes site work, new construction, alterations, etc. Complete below (please attach additional sheets when necessary).

<p>Number 1. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p>Number 2. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p>Number 3. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p>Number 4. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>

**MASSACHUSETTS HISTORICAL COMMISSION
STATE HISTORIC REHABILITATION TAX CREDIT PROGRAM
HISTORIC PRESERVATION CERTIFICATION APPLICATION**

PART 2 – DESCRIPTION OF REHABILITATION

Property Name

Property Address

Project Number: _____

<p>Number 9. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p>Number 10. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p>Number 11. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p>Number 12. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>

**MASSACHUSETTS HISTORICAL COMMISSION
STATE HISTORIC REHABILITATION TAX CREDIT PROGRAM
HISTORIC PRESERVATION CERTIFICATION APPLICATION**

PART 2 – DESCRIPTION OF REHABILITATION

Property Name

Property Address

Project Number: _____

<p>Number 13. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p>Number 14. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p>Number 15. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p>Number 16. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>

**MASSACHUSETTS HISTORICAL COMMISSION
STATE HISTORIC REHABILITATION TAX CREDIT PROGRAM
HISTORIC PRESERVATION CERTIFICATION APPLICATION**

PART 2 – DESCRIPTION OF REHABILITATION

Property Name

Property Address

Project Number: _____

<p>Number 17. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p>Number 18. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p>Number 19. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>
<p>Number 20. Architectural feature _____ Approximate date of feature _____ Describe existing feature and its condition: Photo no. _____ Drawing no. _____</p>	<p>Describe work and impact on existing feature:</p>