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

## CONTINUATION/AMENDMENT SHEET

Property Name

Property Address (Street, City, Zip Code)

Project Number:

**Instructions.** Read the instructions carefully before completing. Type, or print clearly in black ink. Use this sheet to continue sections of the application, or to amend an application already submitted. Photocopy additional sheets as needed.

This sheet: 
Continues Description of Rehabilitation

□ amends Description of Rehabilitation

Name	_ Signature Date
Street	City
State Zip	Daytime Telephone Number

 $\Box$  See Attachments