MASSACHUSETTS HISTORICAL COMMISSION STATE HISTORIC REHABILIATION TAX CREDIT PROGRAM HISTORIC PRESERVATION CERTIFICATION APPLICATION

PART 1 – EVALUATION OF SIGNIFICANCE

			Project No.:		
been r may b the ba	received. Type or print clear be provided to the Department asis of descriptions in this ap	rly in black ink. If addition that of Revenue. The decise oplication form. In the ev	onal space is needed, use continuation ion by the Massachusetts Historical C	Il be made unless a completed application form has sheets or attach blank sheets. A copy of this form commission with respect to certification is made or application form and other, supplementary material hall take precedence.	
1.	Name of property:				
	Address of property:	StreetCity		State MA Zip	
	☐ Eligible for listing (p☐ Level of Significance☐ NPS Project Number	orevious determined by Ml e (local, national, NHL) e (if application for federal	HC):l tax credits submitted)	give date of listing: District:	
2.	Project contact:				
	Name				
	Street	Zip	City		
	State	Zip	Daytime Telephone Number	r	
3.	Owner:				
	Name	Signature		Date	
	Organization				
	Social Security or Taxpayer Identification Number				
	Street	7:	City	r	
	State	Zlp	Daytime Telephone Number	·	
□ Se	e attachments (please list):				
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