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

PART 3 – REQUEST FOR CERTIFICATION OF COMPLETED WORK

Prope	rty Name							
Prope	roperty Address			Project Number:				
nterio clearly his ap	or views) to the Massachuset y in black ink. The decision	ts Historical Commis of the Massachusetts t of any discrepancy l	ssion. A copy of this Historical Commissi between the application	form will be provided to on with respect to certifi on form and other, supple	as of the completed work (both the Department of Revenue cation is made on the basis of the complete the cation is made and the basis of the complete the cation is made on the basis of the cation is made on the basis of the complete the cation is made on the basis of the complete the cation is made on the basis of the complete the cation is made on the basis of the complete the cation is the cation in the cation is made on the basis of the complete the cation is made on the basis of the cation is made on the cation is made on the basis of the cation is made on the cati	Type or print of the descriptions in		
١.	Name of property:							
	Address of property:	StreetCity		County	State_ MA	_ Zip		
	Is property a certified hi			If yes, date of certific	cation by MHC: ne National Register:			
2.	Data on rehabilitation pr	roject:						
	Estimated costs attribute Estimated costs attribute rehabilitation, including	ed solely to rehabilita ed to new construction additions, site work,	tion of the historic str n associated with the	ructure: \$	n:			
3.	information provided is the Interior's "Standards I own the property descr	fication of rehabilita to the best of my kr for Rehabilitation" a fibed above.	nowledge, correct, and and is consistent with	d that, in my opinion the the work described in th	he State tax incentives. I he completed rehabilitation me Description of Rehabilitati	eets the Secretary of ion. I also attest that		
	Organization				Date			
	Social Security or Taxpa	ayer Identification Nu	ımber					
	StreetState		Zip	City Daytime T	Telephone Number			
	Additional Owners:							
	Name							
	Street		City					
	StateSocial Security or Taxpa	Zip_ nyer Identification Nu		ne Telephone Number				
	Name							
	NameStreet	Zip	City					

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Additional Owners (co	Zipzpayer Identification Nu	City	
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Social Security or Tax	payer Identification Nu	mber	
Name			
	Zip	City	
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