

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HISTORIC RESOURCES

PART 1 - EVALUATION OF SIGNIFICANCE
STATE HISTORIC REHABILITATION TAX CREDIT PROGRAM
HISTORIC PRESERVATION CERTIFICATION APPLICATION

DHR Project No: _____

Instructions: Read the instructions carefully before completing application. No certification will be made unless a completed application form has been received. Type or print clearly in black ink. If additional space is needed, use the Continuation/Amendment Form found at the end of the Part 2, "Description of Rehabilitation," application. *Please note that for properties listed individually in the Virginia Landmarks Register, Evaluation of Significance is required if the property has one or more outbuildings or secondary resources.*

1. **Name of property:** _____

Address of property: Street: _____

City: _____ County: _____ State: VA Zip: _____

DHR identification number: _____ Historic District: _____

2. **Check nature of request (check only one box):**

- Certification that the building contributes to the significance of the above-named historic district for the purpose of rehabilitation.
- Certification that the building does not contribute to the significance of the above-named district.
- Certification that the building is individually listed in the Virginia Landmarks Register.
- Certification that an outbuilding or secondary resource contributes to the above-named property that is individually listed on the Virginia Landmarks Register.
- Preliminary determination that a building located in a potential historic district contributes to the significance of the district.
- Preliminary determination for individual listing in the Virginia Landmarks Register.
- Preliminary determination that a building outside the period or area of significance contributes to the significance of the district.

3. **Project contact:**

Name: _____

Street: _____ City: _____

State: _____ Zip _____ Daytime Telephone Number: _____

E-mail address: _____

4. **Owner**

I declare under penalty of law that the information provided is, to the best of my knowledge, correct, and that I own the property described above. I understand that submission of false records or falsification of anything in communications with the department is grounds for denial of the certification of completed work and is punishable under Virginia and federal law.

Name: _____ Signature: _____ Date: _____

Organization: _____

Social Security or Taxpayer Identification Number: _____

Street: _____ City: _____

State: _____ Zip _____ Daytime Telephone Number: _____

E-mail address: _____

**HISTORIC PRESERVATION CERTIFICATION APPLICATION
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Property Name

Property Address

5. Description of physical appearance:

Date of construction: _____ Source of date: _____

Date(s) of alteration(s): _____

Has building been moved? yes no If so, when? _____

6. Does the property have outbuildings (e.g. garage, shed, barn) or other secondary resources? yes no

Type of Outbuilding	Approximate Date	Contributing Status	Brief Physical Description
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1. _____
2. _____
3. _____
4. _____
5. _____

Please use a Continuation/Amendment form to list additional outbuildings.

7. Statement of significance (include Period of Significance):

Property Name

Property Address

- 8. Photographs and maps:** Attach photographs and maps to indicate the location of each building or structure to application.

Please return completed form to:

Division of Preservation Incentives
Virginia Department of Historic Resources
2801 Kensington Avenue
Richmond, Virginia 23221