

Department of Economic and Community Development

State Historic Preservation Office

CONNECTICUT HISTORIC REHABILITATION TAX CREDIT (C.G.S. §10-416C) PART 5 APPLICATION: REQUEST FOR ISSUANCE OF TAX CREDIT VOUCHER

1. BUILDING DATA	
a. Building Name Address: Street Town Zip:	
b. SHPO Project #	
c. Approval Date, Part 4 application (Request for Final Certification of Completed Rehab.)	
d. Attachments ☐ Copy of SHPO approval of Part 4 application ☐ Copy of Reservation Certificate	
2. OWNER INFORMATION	
a. Contact Name Title Business Entity Address:Street Town State: Zip Telephone # Email address	
b. Owner Name Title Business Entity Address: Street Town State: Zip Telephone # Email address Taxpayer SSN, FEIN or Tax Identification Number	
c. Attachments Certificate of Title or Title Insurance Policy Certificate of Legal Existence	

3. REHABILITATION PROJECT DATA					
a. This application covers:					
entire certified historic structure or	☐ ph	ase	of phase	es	
For phase projects only: Previous Voucher #(s)		Date Issu	ed		
b. Qualified rehabilitation expenditures					
c. Amount of Tax Credit Requested: 25% of Lin or 30% of Lin	·				
 d. Attachments Certification of Costs Attachment 5A: Schedule of Values - Incur 	rred Costs				
4. ASSIGNMENT OF TAX CREDIT VOUCHER					
Check as applicable:					
☐ I hereby request that the tax credit vouche the owner of record in item #2.	r for the abov	e-listed his	toric property be	assigned to the	e individual named as
☐ I hereby request that the tax credit vouche item #2.	r be issued in	the name o	f the business en	tity named as t	he owner of record in
☐ I hereby request that the tax credit voucher taxpayers named below:	r for the above	e-listed hist	oric property be	assigned to one	e or more <u>contributing</u>
Name of Corporation					
Address: Street					
Town		Zip			
Telephone #					
Taxpayer FEIN or CT Tax Registration Number					
Percentage (or dollar value) of total tax credit					
Name of Corporation					
Address: Street					
Town					
Telephone #					
Taxpayer FEIN or CT Tax Registration Number	er				
Percentage (or dollar value) of total tax credit					
Name of Corporation					
Address: Street					
Town					
Telephone #		_			

Taxpayer FEIN or CT Tax Registration Number	er		_	
Percentage (or dollar value) of total tax credit				
☐ I hereby request that the tax credit voucher for below:	the above-l	listed property be assiş	gned to one or mo	ore <u>multiple owners</u> named
Name of individual or business entity				_
Address: Street				
Town				
Telephone #				
Taxpayer SS, FEIN or CT Tax Registration Nu	mber			
Percentage (or dollar value) of total tax credit				
Name of individual or business entity				
Address: Street				
Town				
Telephone #	_			
Taxpayer SS, FEIN or CT Tax Registration Nu	mber			
Percentage (or dollar value) of total tax credit				
Name of individual or business entityAddress: Street				_
Town	State _	Zip		
Telephone #				
Taxpayer SS, FEIN or CT Tax Registration Nu	mber			
Percentage (or dollar value) of total tax credit				
Additional pages attached.				
5. OWNER CERTIFICATION				
I hereby attest that I am the owner or authorized age provided is, to the best of my knowledge, correct. I be subject to legal sanctions.				
Signature		Date		_
Title				
Attachment				
Statement of Authorization to Apply				
FOR OFFICE LICE ONLY				
FOR OFFICE USE ONLY				
Tax credit voucher # Amount \$		_ Date of issuance		_
Tax credit voucher # Amount \$		Date of issuance		-
Tax credit voucher # Amount \$		_ Date of issuance		_

ATTACHMENT 5A: SCHEDULE OF VALUES - COSTS INCURRED

1	2	3	4	5	6	7 ¹
LINE	DIV	DIV/TRADE ITEM	INELIGIBLE	ELIGIBLE	Costs incurred prior to Part 2 approval	TOTAL EXPENSE
1	2	SITE TESTING/HAZARDOUS MATERIALS				
2	2	ENVIRONMENTAL REMEDIATION: SITE				
3	2	ENVIRONMENTAL REMEDIATION: CERTIFIED HISTORIC STRUCTURE ²				
4	2	SITE GRADING & EXCAVATION ³				
5	2	OTHER SITE WORK ⁴ specify				
		LANDCOADING5				
6	2	LANDSCAPING ⁵				
7	2	SURFACE PARKING, ROADS AND WALKWAYS				
8	2	GARAGES/ STRUCTURED PARKING FACILITY				
9	2	DEMOLITION: SEPARATE BUILDINGS AND/OR STRUCTURES				
10	2	DEMOLITION: GENERAL ⁶				
11	2	DEMOLITION: SELECTIVE 7				
12	2	SITE UTILITIES				
13	3	NEW CONCRETE ⁸				
14	3	CONCRETE REPAIRS				
15	4	MASONRY NEW, REPAIR and REPOINTING				
16	4	CONCRETE/MASONRY CLEANING:				
17	5	METALS				
18	6	ROUGH CARPENTRY				
19	6	FINISH CARPENTRY				
20	7	MOISTURE PROTECTION				
21	7	INSULATION				
22	7	ROOFING				

¹ Any costs for which payment has been made prior to the date of approval of the state Part 2 application, Request for Approval of Proposed rehabilitation Plan, Form ITC 300-a, are not considered eligible.

² Includes abatement of hazardous materials, termite control, or mold

³ Eligible work only if in conjunction with approved addition for building or life-safety code

⁴ Includes hydrology systems and retaining walls

⁵ Includes lawns, plantings, and fencing

 $^{^{6}}$ Includes all work to a certified historic structure required to remove deteriorated materials

⁷ Includes only costs associated with approved removal of sections of the building owning to documented structural failure or for the purpose of new construction to recreate documented historic appearance

⁸ Line items Nos. 13 through 17 refer only to work to the certified historic structure

LINE	DIV	DIV/TRADE ITEM	INELIGIBLE	ELIGIBLE	Costs incurred prior to Part 2 approval	
23	7	SHEET METAL				
24	7	SIDING (INCLUDES REMOVAL OF NON-HISTORIC, REPAIR, REPLACEMENT)				
25	8	DOORS AND HARDWARE				
26	8	WINDOWS AND GLAZING				
27	9	ACOUSTICAL TILE				
28	9	DRYWALL				
29	9	CERAMIC TILE				
30	9	WOOD FLOORING				
31	9	RESILIANT FLOORING				
32	9	CARPETING				
33	9	PAINTING (INTERIOR AND EXTERIOR)				
34	10	SPECIALTIES				
35	11	CABINETS & VANITIES				
36	11	APPLIANCES				
37	12	BLINDS, SHADES, AND ARTWORK				
38	13	SPECIAL CONSTRUCTION: SEPARATE NEW BUILDINGS				
39	13	ADDITION: NON-CODE REQUIRED				
40	13	ADDITION: CODE REQUIRED				
41	13	ADDITION: HANDICAPPED ACCESS				
42	13	NEW CONSTRUCTION: RECONSTRUCTION				
43	15	ELEVATORS				
44	15	PLUMBING				
45	15	HVAC				
46	15	FIRE SUPPRESSION				
47	16	ELECTRICAL (BUILDING ONLY)				
48		RENTAL EQUIPMENT, specify: 9				
49		GREEN ROOFS				

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⁹ Includes dumpsters, scaffolding etc.

Line	DIV	DIV/TRADE ITEM	INELIGIBLE	ELIGIBLE	Costs Incurred Prior to Part 2 Approval	TOTAL EXPENSE
50	N/A	TOTAL STRUCTURE AND LAND IMPROVEMENTS Column 7				
51	N/A	PERMITS AND FEES				
52	N/A	CONTRACTOR BOND PREMIUM				
53	N/S	TOTAL CONSTRUCTION COSTS Sum of LINES 50-52				
54	N/A	TOTAL INELIGIBLE COSTS: Column 4				
55	N/A	TOTAL ELIGIBLE COSTS: Column 5				
56	N/A	TOTAL COSTS INCURRED PRIOR TO PART 2 APPROVAL: Column 6				
57	N/A	GENERAL REQUIREMENTS and BUILDER'S OVERHEAD AND PROFIT: Not to exceed 15% of LINE 55				-
58	N/A	TOTAL QUALIFIED REHABILITATION EXPENDITURES Sum of LINES 55 and 57				