REHABILITATION CERTIFICATION APPLICATION PART 1 – QUALIFIED HISTORIC STRUCTURE CERTIFICATION

State Offi Project N	ice Use Only lo:											
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Instruction form has	ons: Read the been received	e instructio ed. Type or	ns carefully print clearly	before co in black	ompleting the ink. If additio	applicatio nal space	n. No c is need	ertification v	will be ma tinuation	ide unles sheets o	s a complet attach bla	ed application nk sheets.
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d	loes not con	ribute to th	e significano	e of the a	above-named	historic di	strict.					
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Property Name:	
Property Address:	

Detailed Description of Rehabilitation/Preservation Work – includes site work, new construction, alterations, etc., even if the expenses are not qualified rehabilitation expenses. Complete blocks below.

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Property Name:	
Property Address:	

Detailed Description of Rehabilitation/Preservation Work – Includes site work, new construction, alterations, etc., even if the expenses are not qualified rehabilitation expenses. Complete blocks below.

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PART 2 - QUALIFIED REHABIL	ETATION CERTIFICATION, CORL
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Property Name:	
Property Address:	

Detailed Description of Rehabilitation/Preservation Work – Includes site work, new construction, alterations, etc., even if the expenses are not qualified rehabilitation expenses. Complete blocks below.

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REHABILITATION CERTIFICATION APPLICATION CONTINUATION/AMENDMENT SHEET

Property Name: Property Address:					
se this sheet to continue s	ections of the Part 1	and Part 2 appli	ication, or to amend an appl	lication already submitted.	Photocopy additional sheets as
eeded. This Sheet (mark one)					
mis sneet (mark one)	Continue	s Part 1	Continues Part 2	Amends Part 2	Project No.
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he State Historic Preserv					
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that the project met.	amendments will me	et the Secreta	rry of the Interior's "Stand	ards for Rehabilitation"	if the attached conditions are

Date

Authorized Signature:

REHABILITATION CERTIFICATION APPLICATION PART 3 – REHABILITATION COMPLETION CERTIFICATION

State Office Use Only Project No:	,					OLIVI		11014		
						·				
nstructions: Upon completi	on of the rehabilitation	, return this form	with rep	presentative	photog	graphs of the	complete	d work (bo	oth interior and ex	xterior
iews) to the appropriate rev	/lewing entity. A copy	of this form will t	be provi	ded to the Ka	ansas	Department o	of Revenu	е. Туре с	or print clearly in I	olack ink
Name of Property:										
ddress of Property										-
Street:		.,								
City:		County:		s	tate:			Zip:		
										
roject Data	· · ·									
Project Starting Date: Date of Rehabilitation Co	mpletion:									
Costs attributed solely to	the rehabilitation of	the historic str	ucture	(qualifying e	xpens	ses):				
Costs attributed to new clandscaping (non-qualify	construction associa	ted with the reh	abilitati	on, includin	g add	itions, site w	ork, park	ing lots,		
wner (space on follov	ving page for addi	tional owners)							
hereby apply for certifica	tion of rehabilitation	work described	l ahove	for the nurn		of the state :	rahahilita	41 a.a. 4 a.u. a		-44 4
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ecretary's "Standards for so attest that I own the p	r Rehabilitation and i	s consistent wit	th the w	ork describ	ed in l	Part 2 of the	Rehabilit	ation Ce	rtification Applic	cation.
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tate Office Use Only										
ne State Historic Preservati etermined:	ion Office has reviewe	d the "Part 3 – R	ehabilita	ation Comple	tion C	ertification" fo	or the abo	ve-named	property and ha	S
that the completed	rehabilitation meets th	e Secretary of th	e Interio	r'e "Standare	te for !	Pohabilitatia-	" A cor:	of this F-	rm haa b	alala dir
i ine Kansas Departr	nent of Revenue.									
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Date	Authorized S	Signature:								

REHABILITATION CERTIFICATION APPLICATION PART 3 – REHABILITATION COMPLETION CERTIFICATION, cont.

Property Name:					•	
Property Name: Property Address:						
Additional Owners:						
Name:		Signature:			Date:	
Organization:						
Social Security Number or Taxpay	er ID:					
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