

**SPECIAL ASSESSMENT OF HISTORIC PROPERTY PROGRAM
Application Form/Affidavit**

Instructions: Please fill out the form completely. Type or print in ink. Be sure to read the paragraph Above the signature line before signing. Submit this form along with the Preservation Plan and all supplementary material as indicated on the enclosed checklist. Incomplete applications will be returned. Upon receipt of your application the State Historic Preservation Office (SHPO) will determine whether or not the application is complete.

1. Property Information:

Historic Name of Property: _____

National Register District and rank (if applicable): _____

Date Listed on the National Register: _____

Property Address:

Street: _____

City: _____ County: _____ Zip: _____

2. Property Tax Information:

Tax Account Number: _____ Does owner reside in property? Yes No

Current Assessed Value: \$ _____ Current Real Market Value (RM): \$ _____

Application Fee (RMV x .0033): \$ _____

3. Preservation Plan Overview:

Current Use: Agricultural Commercial Industrial Residential Res./Multi-family

Estimated Cost of Rehabilitation: \$ _____ Estimated cost of Renovation (commercial reapps only): \$ _____

Item Numbers proposed for completion by 5th year: _____

Item Numbers proposed for completion by 10th year: _____

Item Numbers proposed for completion by 14th year: _____

4. Owner Information:

Owner Name: _____ Organization/business: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ E-mail: _____

Representative: _____ Phone: _____

I certify that I have read and understand the Oregon Administrative Rule (OAR 736-050-0100 through 0150) which pertains to special assessment of historic property, and that this application and any attachments accurately represent the property to be specially-assessed. I agree to grant access for the viewing of the property by the State Historic Preservation Officer, the State Historic Preservation Officer's staff, the Historic Assessment Review Committee, and the public. I declare under the penalties for false swearing as contained in ORS 162.085 that I have examined this application, and to the best of my knowledge, it is true, correct, and complete.

Owner Signature Date

SHPO Use Only

	<p>Filing fee check info:</p> <p>Amt. _____ Check No. _____</p> <p>Payee _____ R'cvd by (inits) _____</p>
	<p>Application is acknowledged as complete:</p> <p>_____ SHPO Authorized Signature and Date</p>
	<p>Property is approved for Special Assessment:</p> <p>_____ SHPO Authorized Signature and Date</p>