

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

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.**

1. Property Information:

Historic Name of Property:

Property Address:

Street:

City:

County:

Zip:

National Register District and rank (if applicable):

Date Listed on the National Register:

2. Property Tax Information:

Tax Account Number:

Does owner reside in property?

Yes

No

Current Assessed Value: \$

Current Real Market Value (RMV): \$

Application Fee (Assessed Value x .001): \$

3. Preservation Plan Overview:

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

FIRST TERM:

SECOND TERM:

Estimated Cost of Rehabilitation:

\$

4. Owner Information:

Owner Name:

Organization/business:

Address:

City:

State:

Zip:

Phone:

E-mail:

Representative:

Phone:

I certify that I have read and understand 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, and the Historic Assessment Review Committee. I agree to preserve and maintain this property.

Owner Signature

Date

SHPO Use Only

| | |
|--|---|
| | <p>Application submission received and reviewed:</p> <p>SHPO Authorized Signature _____ Date _____</p> |
| | <p>Property is approved for Special Assessment:</p> <p>SHPO Authorized Signature _____ Date _____</p> |
| | <p>Date Special Assessment Begins: _____ Date Special Assessment Ends: _____</p> |