



Louisiana Division of Historic Preservation

Louisiana Historic Rehabilitation Commercial Tax Credit Application

State Office Use Only
Project No.

PART 1 – CERTIFICATION OF CONTRIBUTING STATUS

Instructions: Read the instructions carefully before completing application. No certifications will be made unless a completed application form has been received. Type or print clearly in black or blue ink. If additional space is needed, use a continuation sheet or attach blank sheets. Additional information, including photographs documenting the condition of the entire building are required. Please refer to the program guidelines for further information.

1. **Name of Property:** _____

Address of Property: Street _____

City _____ Parish _____ State Louisiana Zip _____

Name of Cultural District: _____

Name of Downtown Development District: _____

2. **Check nature of request:**

Determination that the building contributes to the significance of the above-named Downtown Development District.

Determination that the building contributes to the significance of the above-named Cultural District.

3. **Project contact:**

Name _____

Street _____ City _____

State _____ Zip _____ Phone No. _____ Email _____

4. **Owned by:** Individual Corporation or Partnership

I hereby certify that the information I have provided is, to the best of my knowledge, correct and that I am either the owner of the property or the duly authorized representative of the owning organization.

Name _____ Signature _____ Date _____

Organization _____

Social Security or Taxpayer Identification Number _____

Street _____ City _____

State _____ Zip _____ Phone No. _____ Email _____

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The Division of Historic Preservation has reviewed the "Part 1 – Certification of Contributing Status" for the above-named property and hereby determines that the property:

Contributes to the historic significance of the Downtown Development District.

Contributes to the historic significance of the Cultural District.

Does not contribute to the historic significance above-named district.

Date

Authorized Signature: Director of Louisiana Division of Historic
Preservation

(225) 342-8160

Office Telephone No.

See Attachments

This line must print on Page 1, otherwise the application will be returned.



Louisiana Division of Historic Preservation

COMMERCIAL TAX CREDIT APPLICATION PART 1

State Office Use Only Project No.

Property Name

CONTINUED

Property Address

5. **Description of physical appearance:** (This text represents the minimum acceptable font size. Delete extra spaces or reduce the number of characters to enlarge text. A continuation sheet may be used.)

Date of Construction: _____ Source of Date: _____

Date(s) of Alteration(s): _____

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

6. **Statement of significance:** (This text represents the minimum acceptable font size. Delete extra spaces or reduce the number of characters to enlarge text. A continuation sheet may be used.)

7. **Verification of property location in a Downtown Development District or Cultural District:** Letter from Downtown Development District or map showing location in Downtown Development District or Cultural District.

8. **Photographs and maps.**

Attach photographs and maps to application

Continuation sheets attached: yes no

This line must print on Page 2, otherwise the application will be returned.
