

# Louisiana Division of Historic Preservation

REV 06/15



## Louisiana Historic Rehabilitation Commercial Tax Credit Application

State Office Use Only  
Project No.

### PART 2 – PROPOSED WORK DESCRIPTION

**Instructions:** Read the instructions carefully before completing the applications. No certifications will be made unless a completed application form has been received. Type or print clearly in black ink. If additional space is needed, use a continuation sheet or attach blank sheets. The decision by the Division of Historic Preservation with respect to certification is made on the basis of the descriptions in this application form. In the event of any discrepancy between the application form and other, supplementary material submitted with it (such as architectural plans, drawings, and specifications), the application form shall take precedence.

1. **Name of Property:** \_\_\_\_\_

Address of Property: Street \_\_\_\_\_

City \_\_\_\_\_ Parish \_\_\_\_\_ State Louisiana Zip \_\_\_\_\_

2. **Data on building and rehabilitation project:**

Date building constructed: \_\_\_\_\_ Estimated cost of rehabilitation: \_\_\_\_\_

Type of construction: \_\_\_\_\_ Phase number \_\_\_\_\_ of \_\_\_\_\_ phases

Use(s) before rehabilitation: \_\_\_\_\_ Project start date (est.): \_\_\_\_\_

Proposed use(s) after rehabilitation: \_\_\_\_\_ Completion date (est.): \_\_\_\_\_

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 \_\_\_\_\_

#### State Office Use Only

The Division of Historic Preservation has reviewed the "Part 2 – Proposed Work Description" for the above-named property and has determined:

- The rehabilitation described herein is consistent with the historic character of the property and the district in which it is located and meets the U.S. Secretary of the Interior's "Standards for Rehabilitation" as proposed. This letter is a preliminary determination only, since a formal certification of rehabilitation can be issued only to the owner of a contributing building after rehabilitation work is completed.
- The rehabilitation or proposed rehabilitation will meet the U.S. Secretary of the Interior's "Standards for Rehabilitation" if the attached conditions are met. This letter is a preliminary determination only, since a formal certification of rehabilitation can be issued only to the owner of a contributing building after rehabilitation work is completed. Any and all conditions placed on this rehabilitation project by the National Park Service apply.
- The rehabilitation described herein is not consistent with the historic character of the property and the district in which it is located and the project does not meet the U.S. Secretary of the Interior's "Standards for Rehabilitation." A copy of this form will be provided to the La. Dept. of Revenue.

\_\_\_\_\_  
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.**



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Property Name \_\_\_\_\_

Property Address \_\_\_\_\_

**5. Detailed description of rehabilitation work:** Reproduce this page as needed to describe all work or create a comparable format with this information. Number items consecutively to describe all work, including building exterior and interior, additions, site work, landscaping, and new construction.

Number \_\_\_\_\_ Feature \_\_\_\_\_ Date of Feature \_\_\_\_\_

**Describe existing feature and its condition: Maximum 550 characters. Text must be visible when printed.**

Photo Numbers \_\_\_\_\_

Drawing Numbers \_\_\_\_\_

**Describe work and impact on feature**

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