



**HISTORIC PRESERVATION CERTIFICATION APPLICATION**  
**PART 1 – EVALUATION OF ELIGIBILITY**  
 State Historic Preservation Office  
 Michigan Historical Center  
 Department of History, Arts and Libraries

SHPO USE ONLY

State Project Number

**1. Resource Information**

Historic name \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Name of historic district \_\_\_\_\_

Name of local unit of government \_\_\_\_\_

Population of local unit of government \_\_\_\_\_ Source(s) \_\_\_\_\_

**2. Certification Information**

- The resource is located in a locally designated historic district.
- The resource is listed individually, or is part of a historic district listed in the State Register of Historic Sites or the National Register of Historic Places **and** is in a unit of government with a **population of less than 5,000 people**.
- The resource is listed individually, or is part of a historic district listed in the State Register of Historic Sites or the National Register of Historic Places **and** is located in a chartered **summer resort and assembly association**.
- The resource is listed individually, or is part of a historic district listed in the State Register of Historic Sites or the National Register of Historic Places **and** is subject to a **historic preservation easement**.

**Project is seeking the following credits (Select ONE)**

- 25% State-Only Credit     5% State/20% Federal Combination     Enhanced State/20% Federal Combination
- Special Consideration State/20% Federal Combination

**3. Owner of Resource**

Name(s) A) \_\_\_\_\_

B) \_\_\_\_\_

Social Security Number(s) or Taxpayer Identification Number(s): A) \_\_\_\_\_

B) \_\_\_\_\_

*I hereby attest that the information I have provided is, to the best of my knowledge, correct, and that I own the resource described above.*

Signature of owner(s) A) \_\_\_\_\_ Date \_\_\_\_\_

B) \_\_\_\_\_ Date \_\_\_\_\_

Daytime telephone number \_\_\_\_\_ E-mail \_\_\_\_\_

**HISTORIC PRESERVATION CERTIFICATION APPLICATION**  
**PART 1 – EVALUATION OF ELIGIBILITY**  
State Historic Preservation Office  
Michigan Historical Center  
Department of History, Arts and Libraries

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**4. Owner Address** (if different than resource address)

Address of owner: Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime telephone number \_\_\_\_\_ E-mail \_\_\_\_\_

**5. Project Contact** (if different than owner)

Name \_\_\_\_\_  
Address: Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime telephone number \_\_\_\_\_ E-mail \_\_\_\_\_

**6. Processing fee**

The \$25.00 fee is included. Checks should be made payable to the **State of Michigan**.

**State Historic Preservation Office Use Only**

The State Historic Preservation Office has reviewed the PART 1 – EVALUATION OF ELIGIBILITY for the above-named resource and hereby determines that the resource:

**Appears to be a certified historic resource because the resource:**

- is a contributing resource in a 1970 PA 169, MCL 399.201 to 399.215 local historic district.
- is listed individually, or is a contributing resource in a historic district listed in the State Register of Historic Sites or the National Register of Historic Places **and** is in a unit of government with a population of less than 5,000 people.
- is listed individually, or is a contributing resource in a historic district listed in the State Register of Historic Sites or the National Register of Historic Places **and** is located in a 1889 PA 39, MCL 455.51 to 455.72, summer resort and assembly association.
- is listed individually, or is a contributing resource in a historic district listed in the State Register of Historic Sites or the National Register of Historic Places **and** is subject to an approved historic preservation easement.

This project will be considered for participation in the following State Historic Preservation Tax Credit program upon receipt of the appropriate PART 2 – Description OF REHABILITATION application forms and supporting documentation:

- 25% State Only Credit     5% State/20% Federal Combination     Enhanced State/20% Federal Combination
- Special Consideration State/20% Federal Combination

**Does not appear to be a certified historic resource.**

Brian D. Conway, State Historic Preservation Officer

Date

HISTORIC PRESERVATION CERTIFICATION APPLICATION  
**PART 1 – EVALUATION OF ELIGIBILITY**  
State Historic Preservation Office  
Michigan Historical Center  
Department of History, Arts and Libraries

SHPO USE ONLY

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**7. Description of Physical Appearance**

Check if using a continuation sheet.

Date of construction \_\_\_\_\_ Source(s) \_\_\_\_\_

Date(s) of additions and/or alterations \_\_\_\_\_

Has this resource been moved?  Yes  No If yes, when? \_\_\_\_\_

Use of resource prior to rehabilitation \_\_\_\_\_

**8. Statement of Significance**

Check if using a continuation sheet

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HISTORIC PRESERVATION CERTIFICATION APPLICATION

DECLARATION OF LOCATION

State Historic Preservation Office
Michigan Historical Center
Department of History, Arts and Libraries

SHPO USE ONLY

State Project Number

1. Resource Information

Historic name

Address: Street

City County Zip

2. Owner of Resource

Name(s) A)

B)

Signature of owner(s) A) Date

B) Date

Daytime telephone number E-mail

3. Declaration - Must be completed by an official representative of the local unit of government.

Name of local historic district Year established

Name/title of official representative

Address of local unit of government:

Street

City County Zip

I hereby attest that the information provided is, to the best of my knowledge, correct, and that the above-named resource is located within the boundaries of, and is a contributing resource in, a local historic district as established under Michigan's Local Historic Districts Act (P.A. 169 of 1970, as amended).

Signature of official representative

Date

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HISTORIC PRESERVATION CERTIFICATION APPLICATION
PART 2 - DESCRIPTION OF REHABILITATION

State Historic Preservation Office
Michigan Historical Center
Department of History, Arts and Libraries

SHPO USE ONLY

State Project Number

1. Resource Information

Historic name

Address: Street

City County Zip

2. Owner of Resource

Name(s) A)

B)

Social Security Number(s) or Taxpayer Identification Number(s): A)

B)

I hereby attest that the information I have provided is, to the best of my knowledge, correct, and that I own the resource described above.

Signature of owner(s) A) Date

B) Date

Daytime telephone number E-mail

3. Data on Rehabilitation Project

Proposed use after rehabilitation

Estimated Qualified Expenses \$

The VERIFICATION OF STATE EQUALIZED VALUE (SEV) form must be included with this application.

Project has an approved Part 1 State application: No Yes Date

Submitted with this application

Credits Project is seeking : (Select ONE.) Selection must match approved Part 1 application if applicable.

25% State-Only Credit 5% State/20% Federal Combination Enhanced State/20% Federal Combination

Special Consideration State/20% Federal Combination

4. Processing Fee

\$ Part 2 fee included. Checks should be made payable to the State of Michigan. See instructions for appropriate remittance.

HISTORIC PRESERVATION CERTIFICATION APPLICATION  
**PART 2 – DESCRIPTION OF REHABILITATION**

State Historic Preservation Office  
Michigan Historical Center  
Department of History, Arts and Libraries

SHPO USE ONLY

State Project Number

**5. Owner Address** (if different than resource address)

Address of owner: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime telephone number \_\_\_\_\_ E-mail \_\_\_\_\_

**6. Project Contact** (if different than owner)

Name \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime telephone number \_\_\_\_\_ E-mail \_\_\_\_\_

**State Historic Preservation Office Use Only**

The State Historic Preservation Office has reviewed the PART 2 – DESCRIPTION OF REHABILITATION for the above-named resource and hereby determines that:

- the rehabilitation described herein is **consistent** with the historic character of the above-named resource and conforms to the *Secretary of the Interior's Standards for Rehabilitation*. This is a preliminary determination only, since the formal certification of rehabilitation can be issued only after the rehabilitation work is completed on the certified historic resource.
- the rehabilitation described herein **will conform** to the *Secretary of the Interior's Standards for Rehabilitation* **if the attached conditions are met** (see attached letter).

The above-referenced project has been reviewed for participation in the:

- 25% State-Only Credit
- 5% State/20% Federal Combination
- Enhanced State/20% Federal Combination and has received a reservation of \_\_\_\_\_ % of Qualified Expenditure's to a maximum of \$ \_\_\_\_\_ in State credits.
- Special Consideration State/20% Federal Combination and has received a reservation of \_\_\_\_\_ % of Qualified Expenditure's to a maximum of \$ \_\_\_\_\_ in State credits
- the rehabilitation described herein is **inconsistent** with the historic character of the above-named resource and does not conform to the *Secretary of the Interior's Standards for Rehabilitation*. Therefore, the rehabilitation as described cannot be certified (see attached letter).

\_\_\_\_\_  
Brian D. Conway, State Historic Preservation Officer

\_\_\_\_\_  
Date

HISTORIC PRESERVATION CERTIFICATION APPLICATION  
**PART 2 – DESCRIPTION OF REHABILITATION**

State Historic Preservation Office  
Michigan Historical Center  
Department of History, Arts and Libraries

SHPO USE ONLY

State Project Number

**7. Detailed Description of Rehabilitation Work**

*Read the instructions carefully before completing this section. The entire project must be described.*

Item #	Architectural feature _____ Date of feature _____
	Photograph number(s) _____ Drawing number(s) _____
Describe the feature and its current condition:	
<input type="checkbox"/> Check if using a continuation sheet	
Describe the work and the impact on the feature:	
<input type="checkbox"/> Check if using a continuation sheet	

HISTORIC PRESERVATION CERTIFICATION APPLICATION  
**PART 2 – DESCRIPTION OF REHABILITATION**

State Historic Preservation Office  
Michigan Historical Center  
Department of History, Arts and Libraries

SHPO USE ONLY

State Project Number

**7. Detailed Description of Rehabilitation Work, continued**

Item #	Architectural feature _____ Date of feature _____
	Photograph number(s) _____ Drawing number(s) _____
Describe the feature and its current condition:	
<input type="checkbox"/> Check if using a continuation sheet	
Describe the work and the impact on the feature:	
<input type="checkbox"/> Check if using a continuation sheet	



HISTORIC PRESERVATION CERTIFICATION APPLICATION  
**VERIFICATION OF STATE EQUALIZED VALUE**

State Historic Preservation Office  
Michigan Historical Center  
Department of History, Arts and Libraries

SHPO USE ONLY

State Project Number

**1. Resource Information**

Historic name \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

**2. Owner of Resource**

Name(s) A) \_\_\_\_\_

B) \_\_\_\_\_

*I hereby attest that the information I have provided is, to the best of my knowledge, correct, and that I own the resource described above.*

Signature of owner(s) A) \_\_\_\_\_ Date \_\_\_\_\_

B) \_\_\_\_\_ Date \_\_\_\_\_

Daytime telephone number \_\_\_\_\_ E-mail \_\_\_\_\_

**3. Verification – *Must be completed by an official representative of the local unit of government.***

The State Equalized Value (SEV) of the above-named property \$ \_\_\_\_\_ Year \_\_\_\_\_

Name/title of official representative \_\_\_\_\_

Address of local unit of government:

Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

*I hereby attest that the State Equalized Value (SEV) is, to the best of my knowledge, correct, for the above-named property.*

\_\_\_\_\_  
Signature of official representative

\_\_\_\_\_  
Date

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**HISTORIC PRESERVATION CERTIFICATION APPLICATION  
 ENHANCED/SPECIAL CONSIDERATION CREDIT  
 Part 2 S - Supplemental Information**

State Historic Preservation Office  
 Michigan Historical Center  
 Department of History, Arts and Libraries

SHPO USE ONLY

State Project Number
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**1. Resource Information**

Historic name \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Is the property a "historic resource" as defined by the Michigan Business Tax Act (MCL 208.1435.435.28(c)) and documented by an approved State Part 1 application?     Yes    Date Approved \_\_\_\_\_     No

Has a Federal Part 2 application been submitted for this property?     Yes    Date: \_\_\_\_\_     No

Have the required State Part 2 application materials been submitted?     Yes    Date: \_\_\_\_\_     No

**2. Development Team Information**

**Management Entity**

Firm name \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Contact name \_\_\_\_\_

Daytime telephone number \_\_\_\_\_ E-mail \_\_\_\_\_

Has the firm completed an approved historic tax credit project in Michigan in the last 5 years?     Yes     No

Has this individual been a team leader in an approved historic tax credit project in the last 5 years?     Yes     No

**Architect**

Firm name \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Contact name \_\_\_\_\_

Daytime telephone number \_\_\_\_\_ E-mail \_\_\_\_\_

Has the firm completed an approved historic tax credit project in Michigan in the last 5 years?     Yes     No

Has this individual been a team leader in an approved historic tax credit project in the last 5 years?     Yes     No

Is this individual 36CFR61 certified as a historical architect?     Yes     No

**Project Attorney**

Firm name \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Contact name \_\_\_\_\_

Daytime telephone number \_\_\_\_\_ E-mail \_\_\_\_\_

Has the firm completed an approved historic tax credit project in Michigan in the last 5 years?     Yes     No

Has this individual been a team leader in an approved historic tax credit project in the last 5 years?     Yes     No

HISTORIC PRESERVATION CERTIFICATION APPLICATION  
ENHANCED/SPECIAL CONSIDERATION CREDIT

Part 2 S - Supplemental Information

State Historic Preservation Office  
Michigan Historical Center  
Department of History, Arts and Libraries

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State Project Number

2. Development Team Information (Cont)

Project Accountant

Firm name \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Contact name \_\_\_\_\_

Daytime telephone number \_\_\_\_\_ E-mail \_\_\_\_\_

Has the firm completed an approved historic tax credit project in Michigan in the last 5 years?  Yes  No

Has this individual been a team leader in an approved historic tax credit project in the last 5 years?  Yes  No

Prime/General Contractor

Firm name \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Contact name \_\_\_\_\_

Daytime telephone number \_\_\_\_\_ E-mail \_\_\_\_\_

Has the firm completed an approved historic tax credit project in Michigan in the last 5 years?  Yes  No

Has this individual been a leader in an approved historic tax credit project in the last 5 years?  Yes  No

3. Development Information

Proposed End Use(s) – (Check all that apply)

- |  |   |   |                                      |                                      |
|--|---|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Retail  | <input type="checkbox"/> Office             | <input type="checkbox"/> Industrial/Manufacturing | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Education/Training                            | <input type="checkbox"/> Entertainment/Arts | <input type="checkbox"/> Service                  | <input type="checkbox"/> Government  |                                      |
| <input type="checkbox"/> Rental Residential – Low/Mod units _____      |   | Market Rate units _____                           |                                      |                                      |
| <input type="checkbox"/> For Sale Residential – Affordable units _____ |   | Market Rate units _____                           |                                      |                                      |
| <input type="checkbox"/> Other (Specify) _____                         |   |   |                                      |                                      |

Employment Data – (Complete all that apply)

Temporary Jobs Created \_\_\_\_\_ Current Jobs Retained \_\_\_\_\_ New Jobs Created \_\_\_\_\_

Will any of these jobs be relocated from another location in Michigan?  No  Yes

If Yes is the relocation as a result of business growth/expansion?  Yes  No

Has a new use/owner/tenant been located for the vacated facility?  Yes  No

Location Data

Census Tract # \_\_\_\_\_ State Senate District \_\_\_\_\_ State House District \_\_\_\_\_

Congressional District \_\_\_\_\_

**HISTORIC PRESERVATION CERTIFICATION APPLICATION  
ENHANCED/SPECIAL CONSIDERATION CREDIT**

**Part 2 S - Supplemental Information**

State Historic Preservation Office  
Michigan Historical Center  
Department of History, Arts and Libraries

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**4. Financial Information**

<b>Total Project Cost</b>		
Acquisition	\$	
Site Improvement	\$	
Related New Construction	\$	
Other	\$	
<b>Other Costs Sub-Total</b>		\$
Rehabilitation Costs	\$	
Construction Soft Costs	\$	
Soft Costs	\$	
Development Fee	\$	
<b>Qualified Expenditures Sub-Total</b>		\$
<b>TOTAL</b>		\$
<b>Total Project Sources of Financing</b>		
Development Equity	\$	
Bank Debt	\$	
MBT Brownfield Credits	\$	
State 5% Historic Tax Credits	\$	
Federal Historic Tax Credits	\$	
New Markets Tax Credits	\$	
TIF	\$	
Grants	\$	
Local Contribution	\$	
Other	\$	
<b>Enhanced/Special Consideration Credit Request</b>	<b>% of QE</b>	\$
<b>TOTAL SOURCES</b>		\$

Please explain the current status of the above funding sources. Are the cited sources secured/committed, pending, under contract, under consideration? Attach letters of commitment and/or notice of funding as appropriate.

HISTORIC PRESERVATION CERTIFICATION APPLICATION  
ENHANCED/SPECIAL CONSIDERATION CREDIT

**Part 2 S - Supplemental Information**

State Historic Preservation Office  
Michigan Historical Center  
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**5. Community Significance/Support** Please explain the importance of this historic resource in the history of the community and the level of local interest in and support for the project. Attach letters of support from local historical groups, planning boards, DDA's, city/village council, community arts organizations, etc.

Check if using a continuation sheet

HISTORIC PRESERVATION CERTIFICATION APPLICATION  
ENHANCED/SPECIAL CONSIDERATION CREDIT

**Part 2 S - Supplemental Information**

State Historic Preservation Office  
Michigan Historical Center  
Department of History, Arts and Libraries

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**6. Anticipated Secondary Impacts** Please explain how this project will act as a catalyst for other rehabilitation, redevelopment, and reinvestment in the community. Will the project produce other secondary public benefits for the community, the county, or the State? Please provide supporting documentation.

Check if using a continuation sheet

HISTORIC PRESERVATION CERTIFICATION APPLICATION  
ENHANCED/SPECIAL CONSIDERATION CREDIT

**Part 2 S - Supplemental Information**

State Historic Preservation Office  
Michigan Historical Center  
Department of History, Arts and Libraries

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**7. Additional Special Factors** Are there additional special factors, issues, characteristics, or obstacles associated with this project that should be considered?

Check if using a continuation sheet



HISTORIC PRESERVATION CERTIFICATION APPLICATION

AMENDMENT SHEET

State Historic Preservation Office  
Michigan Historical Center  
Department of History, Arts and Libraries

SHPO USE ONLY

State Project Number

**1. Resource Information**

Historic name \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

**2. Owner of Resource**

Name(s) A) \_\_\_\_\_

B) \_\_\_\_\_

*I hereby attest that the information I have provided is, to the best of my knowledge, correct, and that I own the resource described above.*

Signature of owner(s) A) \_\_\_\_\_ Date \_\_\_\_\_

B) \_\_\_\_\_ Date \_\_\_\_\_

Daytime telephone number \_\_\_\_\_ E-mail \_\_\_\_\_

**3. Owner Address (if different than resource address)**

Address of owner: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime telephone number \_\_\_\_\_ E-mail \_\_\_\_\_

**4. Project Contact (if different than owner)**

Name \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime telephone number \_\_\_\_\_ E-mail \_\_\_\_\_

HISTORIC PRESERVATION CERTIFICATION APPLICATION

AMENDMENT SHEET

State Historic Preservation Office  
Michigan Historical Center  
Department of History, Arts and Libraries

SHPO USE ONLY

State Project Number

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5. Description of Changes

Check if using a continuation sheet.

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State Historic Preservation Office Use Only

The State Historic Preservation Office has reviewed these project amendments for the above-named resource and hereby determines that:

- the amendments described herein are **consistent** with the historic character of the above-named resource and conform to the *Secretary of the Interior's Standards for Rehabilitation*. This is a preliminary determination only, since a formal certification of rehabilitation can be issued only after the rehabilitation is completed on the certified historic resource.
- the amendments described herein **will conform** to the *Secretary of the Interior's Standards for Rehabilitation* **if the attached conditions are met** (see attached letter).
- the amendments described herein are **inconsistent** with the historic character of the above-mentioned resource and do not conform to the *Secretary of the Interior's Standards for Rehabilitation*. Therefore, the amendments as described cannot be certified (see attached letter).

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Brian D. Conway, State Historic Preservation Officer

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Date



HISTORIC PRESERVATION CERTIFICATION APPLICATION
PART 3 – CERTIFICATION OF COMPLETED WORK

State Historic Preservation Office
Michigan Historical Center
Department of History, Arts and Libraries

SHPO USE ONLY

State Project Number

1. Resource Information

Historic name \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

2. Owner of Resource

Name(s) A) \_\_\_\_\_

B) \_\_\_\_\_

Social Security Number(s) or Taxpayer Identification Number(s): A) \_\_\_\_\_

B) \_\_\_\_\_

I hereby apply for certification of rehabilitation work completed on the resource described above for the purposes of State of Michigan tax credits. I hereby attest that the information I have provided is, to the best of my knowledge, correct, and that I own the resource described above.

Signature of owner(s) A) \_\_\_\_\_ Date \_\_\_\_\_

B) \_\_\_\_\_ Date \_\_\_\_\_

Daytime telephone number \_\_\_\_\_ E-mail \_\_\_\_\_

3. Data on Rehabilitation Project

Qualified Expenses attributed solely to rehabilitation of the resource \$ \_\_\_\_\_

Cost attributed solely to new construction associated with rehabilitation \$ \_\_\_\_\_

Date rehabilitation work on this resource began \_\_\_\_\_

Date rehabilitation work on this resource was completed \_\_\_\_\_

4. Processing Fee

[ ] The \$ \_\_\_\_\_ Part 3 fee is included. Checks should be made payable to the State of Michigan. See instructions for appropriate remittance.

HISTORIC PRESERVATION CERTIFICATION APPLICATION  
**PART 3 – CERTIFICATION OF COMPLETED WORK**

Michigan State Historic Preservation Office  
Michigan Historical Center  
Michigan Department of History, Arts and Libraries

SHPO USE ONLY

State Project Number

**5. Owner Address** (if different than resource address)

Address of owner: Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime telephone number \_\_\_\_\_ E-mail \_\_\_\_\_

**6. Project Contact** (if different than owner)

Name \_\_\_\_\_  
Address: Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime telephone number \_\_\_\_\_ E-mail \_\_\_\_\_

**State Historic Preservation Office Use Only**

The State Historic Preservation Office has reviewed the PART 3 – CERTIFICATION OF COMPLETED WORK for the above-named resource and hereby determines that:

the completed rehabilitation is consistent with the historic character of the above-named resource and conforms to the *Secretary of the Interior's Standards for Rehabilitation*. Effective the date indicated below, the rehabilitation of the resource is hereby designated a certified rehabilitation and the owner is eligible for the tax credit indicated below. A copy of this signed certification will be provided to the Michigan Department of Treasury in accordance with state law. This certification is to be used in conjunction with appropriate Michigan Department of Treasury regulations. The State of Michigan reserves the right to make inspections at any time up to five years after the completion of the rehabilitation and to revoke certification if it is determined that the rehabilitation project was not undertaken as presented by the resource owner(s) in the application form and supporting documentation, or the resource owner(s), upon obtaining certification, undertook unapproved further alterations inconsistent with the Standards for Rehabilitation.

**Available Credit:**

- 25% of the Qualified Expenditures attributed solely to **rehabilitation** of the resource.  
 5% of the Qualified Expenditures attributed solely to **rehabilitation** of the resource.  
 \_\_\_\_\_% Enhanced/Special Consideration credit based on Qualified Expenditures attributed solely to **rehabilitation** of the resource not to exceed \$ \_\_\_\_\_

the completed rehabilitation **is not consistent** with the historic character of the above-named resource and does not conform to the *Secretary of the Interior's Standards for Rehabilitation* and is therefore not certified (see attached letter).

\_\_\_\_\_  
Brian D. Conway, State Historic Preservation Officer

\_\_\_\_\_  
Effective Date

**HISTORIC PRESERVATION CERTIFICATION APPLICATION**  
**CONTINUATION SHEET**  
**State Historic Preservation Office**  
**Michigan Historical Center**  
**Department of History, Arts and Libraries**

SHPO USE ONLY

State Project Number

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This form continues:     Part 1         Part 2         Part 3         Supplemental Information