

**COMPETITIVE COMMERCIAL CERTIFICATION APPLICATION  
PART 2 – DESCRIPTION OF REHABILITATION**

MHT Project Number (MHT office use only)

**Instructions:** Fill out this form in accordance with the application instructions. This page must bear the applicant's original signature and must be dated. The Maryland Historical Trust's certification decision is based on the descriptions in this application form. In the event of any discrepancy between the application form and other, supplementary materials submitted with it (such as architectural plans, drawings and specifications), the application form shall take precedence.

**1. Property Name** \_\_\_\_\_

Street \_\_\_\_\_

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

State Legislative District \_\_\_\_\_ MHT Easement property? Yes No Unknown

**2. Project Data**

Floor area before / after rehabilitation \_\_\_\_\_ / \_\_\_\_\_ sq ft

Use before/ after rehab \_\_\_\_\_

Start date (estimated) \_\_\_\_\_ Completion date (estimated) \_\_\_\_\_

A Federal Part 2 Application (Description of Rehabilitation) has been certified for this project Date of certification \_\_\_\_\_

Check if you are applying for the additional 5% credit for projects that have received an allocation for federal low-income housing tax credits (must attach Maryland Carryover Allocation Form and IRS Form 8609. See instructions.)

Check if you are applying for the additional 5% LEED Gold or equivalent certification

Check here if applying for the Level 1 Opportunity Zone Enhancement (5% additional credit) as described in the Application Instructions.

Check here if applying for the Level 2 Opportunity Zone Enhancement (7.5% additional credit) as described in the Application Instructions

CHECK IF YOU ANTICIPATE RECEIVING ANY OF THE FOLLOWING ADDITIONAL FUNDING FOR THE PROPOSED PROJECT

Insurance claim reimbursement funds \_\_\_\_\_ Other local and/or state funding (i.e. grants or loans) \_\_\_\_\_ Specify funding source \_\_\_\_\_

\*Estimated qualified rehabilitation expenditures should not include additional state or local funding, insurance reimbursements or ineligible expenses including new construction, site work, appliances, etc.

**\*Estimated Qualified Rehabilitation Expenditures**  
**FINAL TOTAL ALLOWABLE QUALIFIED REHABILITATION EXPENDITURES CANNOT EXCEED THIS AMOUNT**  
**(Which may not be increased or amended)**

**3. Project Contact (if different from applicant)**

Name \_\_\_\_\_ Company \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

**4. Applicant**

I hereby attest that the information I have provided is, to the best of my knowledge, correct. I further attest that the structure is not owned by the State of Maryland, a political subdivision of the State or the Federal government and that [check one box as applicable] (1)  I am the fee-simple owner of the above-described property or (2)  if I am not the fee-simple owner of the above-described property, the fee-simple owner is aware of the action I am taking relative to this application and has no objection, as noted in a written statement from the owner, a copy of which either is attached to this application form and incorporated herein, or has been previously submitted. I understand that intentional falsification of factual representations in this application is subject to civil penalties and imprisonment for up to 10 years pursuant to Tax General Article, §§ 13-703 and 13-1002(b), Annotated Code of Maryland.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Organization \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

**MHT Official Use Only**

The Maryland Historical Trust has reviewed the *Historic Revitalization Tax Credit Application – Part 2* for the above-named property and has determined that the proposed rehabilitation described herein:

- is consistent with the Secretary of the Interior's Standards for Rehabilitation. A final certification can be issued only after the rehabilitation work is completed as herein described and a Part 3 Application is submitted and approved.
- is consistent with the Secretary of the Interior's Standards for Rehabilitation if the attached conditions are met. A final certification can be issued only after the rehabilitation work is completed as herein described and a Part 3 Application is submitted and approved.
- is not consistent with the Secretary of the Interior's Standards for Rehabilitation, eligibility requirements, and/or does not comply with program requirements and therefore certification is denied.

Date \_\_\_\_\_ Maryland Historical Trust Authorized Signature \_\_\_\_\_

MHT conditions or comments attached

**COMPETITIVE COMMERCIAL CERTIFICATION APPLICATION**  
**PART 2 – DESCRIPTION OF REHABILITATION**

Property name \_\_\_\_\_

Property address \_\_\_\_\_

**5. Detailed description of rehabilitation work** Use this page 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**

Photo numbers \_\_\_\_\_ Drawing numbers \_\_\_\_\_

**Describe work and impact on feature**

Number	Feature	Date of Feature
--------	---------	-----------------

**Describe existing feature and its condition**

Photo numbers \_\_\_\_\_ Drawing numbers \_\_\_\_\_

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Maryland Historical Trust  
Historic Revitalization Tax Credit  
**COMPETITIVE COMMERCIAL CERTIFICATION APPLICATION**  
**FY2023 WORKSHEET**

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

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

Owner Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Name \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

**Instructions:** This worksheet must accompany the Part 2 of the competitive commercial application. Some of the entries require attachments, including letters, statements and maps. Attachments must be manually inserted *directly* behind the page for the respective question. DO NOT put this document or any other part of the application in plastic sleeves, a binder or folder. Photographs (if any) may be printed on stock paper and labeled. When you have completed this worksheet, please staple the entire worksheet together and include the attachments behind the corresponding page. Failure to complete the worksheet or failure to include the appropriate documentation may result in the entire application being returned to the applicant for re-submittal.

## 1. Project Overview

Existing or historic use of structure:

Proposed use of structure (list any innovative or unique aspects):

Number of units before/after rehab \_\_\_\_\_ / \_\_\_\_\_

Notable or unique history of existing structure:

Notable design aspects of existing structure:

Property ownership (list any innovative or unique ownership/partnerships, existing and/or proposed):

Project financing:

**2. Rare example of Architecture-** In the box below, provide a brief description of the structure's rare or special architectural qualities that set it apart, along with a list of relevant attachments for additional documentation.

Attachments Included

**3. Level of Preservation-** In the box below, provide a brief statement identifying the specific historic fabric, features or finishes that are being preserved or restored as part of this project (you may reference specific photographs or drawings included with your application as separate attachments).

Attachments Included



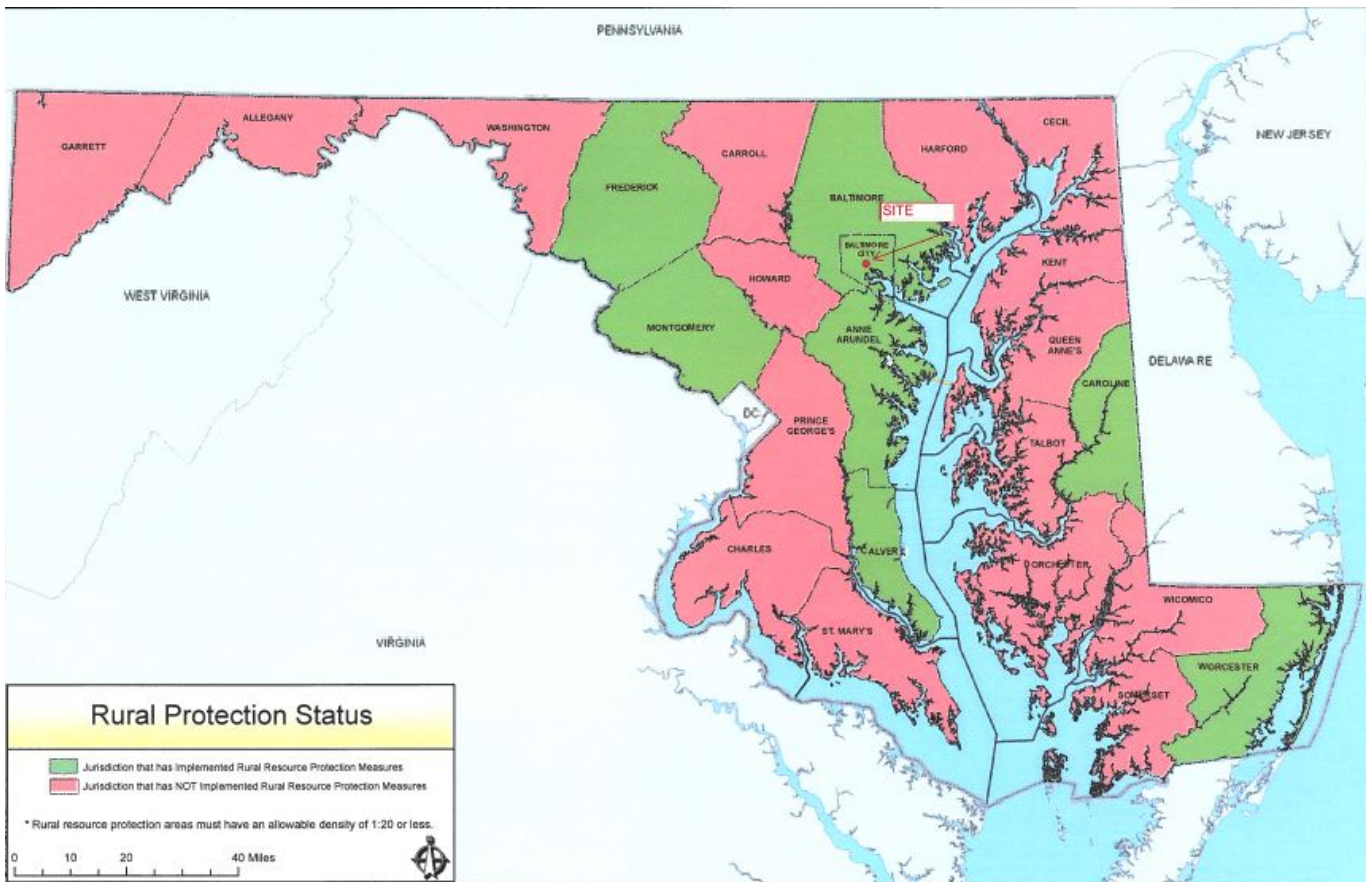


## 6. Consistency with State Growth Policies and Programs

**A.** Check if the project is located within a State Priority Funding Area (PFA). See <https://dpgis.mdp.state.md.us/PFA/publicinfotemplate/index.html> and attach the page from the website that lists the street address of the property, and highlight or otherwise clearly mark the address.

Attachment Included

**B.** Check if the project is located within a local jurisdiction that has implemented rural resource protection measures. If located in a jurisdiction with rural resource protection measure, please mark the location on the map below.



C. Check if the project is located within a Maryland or Baltimore City Main Street Community. Use the link below to search the property address to find the applicable Main Street map. Attach the map of the Main Street and clearly mark the location of the property on the map.

<http://www.dhcd.state.md.us/GIS/revitalize/index.html>

Attachment Included

*If you are unsure whether your property is within a Maryland Main Street Community, use the following link:*

<http://dhcd.maryland.gov/Communities/Pages/programs/MainStreet.aspx>

*If you are unsure whether your property is within a Baltimore City Main Street Community, use the following link:*

<https://mwbd.baltimorecity.gov/baltimore-main-streets>

D. Check if the project design team includes a USGBC LEED accredited design professional. In the box below, provide the name of the individual, specify their role in the development of this project, and attach a copy of the individual's LEED accreditation documents.

Attachment Included

## 7. Areas with Regulatory Streamlining

Check if the project is located within an area of a local jurisdiction that has adopted regulatory streamlining initiatives. Attach the page from the applicable link below and clearly mark the property on the map.

Attachment Included

<http://planning.maryland.gov/Documents/OurProducts/Maps/RegulatoryStreamline/AaCo1.pdf>

<http://planning.maryland.gov/Documents/OurProducts/Maps/RegulatoryStreamline/AaCo2.pdf>

<http://planning.maryland.gov/Documents/OurProducts/Maps/RegulatoryStreamline/AaCo3.pdf>

<http://planning.maryland.gov/Documents/OurProducts/Maps/RegulatoryStreamline/AaCo4.pdf>

<http://planning.maryland.gov/Documents/OurProducts/Maps/RegulatoryStreamline/AaCo5.pdf>

<http://planning.maryland.gov/Documents/OurProducts/Maps/RegulatoryStreamline/BeIAir.pdf>

<http://planning.maryland.gov/Documents/OurProducts/Maps/RegulatoryStreamline/Cumberland.pdf>

<http://planning.maryland.gov/Documents/OurProducts/Maps/RegulatoryStreamline/Leonardtwn.pdf>

<http://planning.maryland.gov/Documents/OurProducts/Maps/RegulatoryStreamline/Carroll1.pdf>

<http://planning.maryland.gov/Documents/OurProducts/Maps/RegulatoryStreamline/Carroll2.pdf>

<http://planning.maryland.gov/Documents/OurProducts/Maps/RegulatoryStreamline/Carroll3.pdf>

<http://planning.maryland.gov/Documents/OurProducts/Maps/RegulatoryStreamline/Carroll4.pdf>

## 8. Affordable and Workforce Housing

Check if the project includes affordable or workforce housing. Go to the Competitive Commercial Tax Credit [Homepage](#) and download the affordable housing worksheet on the left sidebar. Attach the worksheet.

Attachment Included

Enter the number of years for which the affordable or workforce housing commitment will be in place. \_\_\_\_\_

Note: If you indicate that the project will include Affordable or Workforce Housing and complete the calculator worksheet, you will be required to report on how the project met your affordable and workforce housing commitment described in the worksheet calculator as part of your submittal of the Part 3 Application for certification of completed work.

## 9. Economic Benefit

Attach a copy of the Maryland Department of Assessments and Taxation (MDAT) Real Property Data Search for your property. Go to <http://www.dat.state.md.us/> and click on [Real Property Data Search](#) and print out the report for your particular property and attach it directly behind this page.

Attachment Included

Divide the Estimated Qualified Rehabilitation Expenditures by the assessed value *of the improvements* (as shown on the MDAT report) to determine the percentage by which expenditures exceed the assessed value. See the equation below:

		<b>Example</b>	
$\frac{\text{Estimated Qualified Rehab Expenditures}}{\text{MDAT Value of Improvements}} \times 100 = n\%$		$\frac{\$750,000.00}{\$138,920.00} \times 100 = 539\%$	

**Input your calculation here:**

\$   $\times 100 =$   %

\$   $\times 100 =$   %

## 10. Verification of Financial Readiness

Attach letters of commitment from financial institutions, investors and any other financial contributors that verify the commitment of funding for the rehabilitation project for which tax credits are being sought.

Attachments Included

## 11. 501 (c)(3) Status

Check if the property is owned, or will be owned prior to completion of the rehabilitation, by a charitable organization recognized under section 501(c)(3) of the Internal Revenue Code. Attach proof of the organization's 501(c)(3) status directly behind this page. You can look up the charitable status of organizations at <http://www.irs.gov/charities/index.html>.

Attachments Included

# MANDATORY APPLICATION CHECKLIST

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

**Instructions:** After completing your Part 1 and Part 2 applications, print and fill out this checklist to ensure that your application contains at least the minimum documentation required for MHT staff review.

**APPLICATION FORMS-** I filled in all applicable fields for the Part 1 and Part 2 Applications. I understand that MHT staff may not fill in any missing information on behalf of me; therefore if my application is missing information it will be returned.

**SIGNATURE-** I signed and dated the Part 1 and Part 2 applications after printing.

**OWNERSHIP-** If I am not the fee-simple owner of the property, I have provided a written statement from the fee-simple owner indicating that he or she is aware of the application and has no objection to the request for certification.

**DESCRIPTION OF REHABILITATION WORK-** I have described ALL proposed work planned to the interior and exterior of my property, including ineligible work items that I do not anticipate receiving a tax credit for. I understand that all work must meet the Secretary of the Interior's *Standards for Rehabilitation* and be reviewed and approved by MHT.

**SUPPLEMENTARY MATERIALS-** If applicable to my project, I have attached historic district maps, site plans, demolition plans, architectural plans, HVAC plans, replacement window/door drawings and/or product specifications.

**PHOTOGRAPHS-** I have included 1 set of clear, color photographs on 4"x6" photo paper with digital copies provided on a CD or thumb drive.

**MAP-** If applicable, a map of the qualified Opportunity Zone with the property location clearly marked has been provided.

**LOW INCOME HOUSING -** If applying for the additional 5% credit for projects that have received an allocation for Federal low income housing tax credits, I have provided the approved Maryland allocation form and IRS form 8609.

**REVIEW FEE-** I have included a \$250 non-refundable Part 2 review fee with the check made payable to the Maryland Historical Trust.

**PART 2 WORKSHEET-** I have completed the Part 2 FY2023 Worksheet and included all required attachments.

**DUPLICATE COPY OF ALL APPLICATION MATERIALS-** I have made a complete copy of all materials for my records.

## IMPORTANT DEADLINES

Application due August 31, 2022.

Following review, MHT will mail notice of award and outstanding Part 2 review fee.

Remainder of Part 2 review fee due 90 days from award notice. The Part 2 Certification Application will not be certified until the full review fee is paid.

Work must be initiated within 18 months of Part 2 certification. Applicants must submit documentation that work has been initiated by the deadline.

All work must be completed within 30 months of the Part 2 certification (extensions may be granted at the discretion of the Director of MHT).

The Part 3 Certification Application must be submitted within 12 months of the project expiration.

**I attest that I have read and understand the Historic Revitalization Tax Credit Application and Instructions.**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_