



Maryland Historical Trust
Historic Revitalization Tax Credit
HOMEOWNER CERTIFICATION APPLICATION
PART 1 - EVALUATION OF SIGNIFICANCE

Revised 05/07/2021

MHT Project Number (MHT office use only)

[Empty box for MHT Project Number]

Instructions: Fill out this form in accordance with the application instructions. No certification determination will be made until this form is complete. Please note that it is not necessary for owners of individually listed National Register properties to complete a Part 1 Application.

1. Property Name

Street

City Zip County

State Legislative District MHT Easement property? Yes No Unknown

Check all designations that apply:

- National Register historic district
National Register individual listing
Local historic district
Local individual listing
Pending National Register or local designation (must submit documentation justifying historic district or individual listing)

Name of Historic District (if applicable)

2. Nature of request (check only one box)

- [ ] Certification that the building contributes to the significance of the above-named historic district.
Certification that the structure has been individually designated under local law and is eligible for the National Register (designation documentation required).
Preliminary determination that the structure will be a certified historic structure pending the official National Register or local designation.

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

Street City State

Zip Telephone Email Address

MHT Official Use Only

The Maryland Historical Trust has reviewed the Historic Revitalization Tax Credit Application- Part 1 for the above-named property and has determined that the property:

- [ ] Is a "certified historic structure."
[ ] Appears to meet "certified historic structure" criteria, pending official National Register or local designation
[ ] Is not a "certified historic structure" because it is not individually listed in the National Register or designated under local law; does not contribute to the significance of the above-named historic district; or is a structure pending National Register or local designation that does not appear to meet "certified historic structure" criteria.
[ ] Is not adequately documented in the application and therefore cannot be reviewed.

Date Maryland Historical Trust Authorized Signature

[ ] MHT comments attached

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Property Name \_\_\_\_\_  
Street Address \_\_\_\_\_

**5. Description of physical appearance**

Date(s) of building(s) \_\_\_\_\_ Source of date(s) \_\_\_\_\_  
Type of construction \_\_\_\_\_ Date(s) of alteration(s) \_\_\_\_\_  
(brick, wood frame, etc.) \_\_\_\_\_  
Has building been moved?  no  yes, specify date \_\_\_\_\_

**6. Statement of significance**

**7. Photographs and maps.** Submit interior and exterior photographs in accordance with the instructions. If located within a historic district, attach the official historic district boundary map with the location of the property clearly marked.

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**MANDATORY APPLICATION CHECKLIST**

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

**Instructions:** After completing your Part 1 application, print and fill out this checklist to ensure that your application contains at least the minimum documentation required for MHT staff review. This checklist is based on the detailed information included in the Homeowner Instructions. Read and check each line carefully; **the application review period will not begin until a completed application with checklist is submitted.**

**APPLICATION FORM-** I have filled in all applicable fields. I understand that MHT staff may not fill in any missing information on my behalf; therefore if my application is missing information it will be returned to me for completion.

**SIGNATURE-** I have signed and dated the application and Mandatory Application Checklist after printing.

**MAP-** If located within a local historic district, I have attached the official historic district boundary map and clearly marked the property's location within the district.

**PHOTOGRAPHS-** I have included 1 set of clear, color photographs on 4"x6" photo paper. The entire property, including the **interior and exterior** of all structures is included. Photographs are numbered and clearly labeled (including address, date of photograph, and brief description). I understand that poor quality, improperly labeled and/or mounted photographs will not be accepted.

**MOVED BUILDINGS-** My property was moved (or I plan to move it) and therefore I am submitting additional information in accordance with page 4 of the Homeowner Application Instructions.

**MULTIPLE BUILDINGS-** My property contains multiple structures (such as garage, barn, shed, etc.) and therefore I am submitting additional information in accordance with page 4 of the Homeowner Application Instructions.

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

<input type="checkbox"/>	<b>I attest that I have read and understand the Historic Revitalization Tax Credit Application and Instructions.</b>	
Name _____	Signature _____	Date _____

**SEND THE COMPLETED APPLICATION TO:**

**Maryland Historical Trust  
100 Community Place, 3rd Floor  
Crownsville, MD 21032  
attn: Bonnie Baden**