



Maryland Historical Trust
Historic Revitalization Tax Credit

Revised 06/01/2019

SMALL COMMERCIAL CERTIFICATION APPLICATION
PART 1 – EVALUATION OF SIGNIFICANCE

MHT Project Number (MHT office use only)

Instructions: Fill out this form in accordance with the application instructions. No certification determination will be made until this form is complete.

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

Name of Historic District or Heritage Area _____

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).
- Certification that the structure contributes to the significance of the above-named Certified Heritage Area.

3. Targeted Structures

- This building is an "agricultural structure" as defined in the Application Instructions.
- This building was constructed between December 31, 1944 and January 1, 1970, and is therefore a "Post-WWII structure."

4. Project Contact (if different from applicant)

Name _____ Company _____

Street _____ City _____ State _____

Zip _____ Telephone _____ Email Address _____

5. 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 1* for the above-named property and has determined that the property:

- ☐ Is a "certified historic structure".
- ☐ Is a "targeted 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.
- ☐ Property does not meet other program eligibility requirements.
- ☐ 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

If you checked a box under Item 3 "Targeted Structures" on the first page, please provide additional information below:

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. Attach the official historic district or Heritage Area boundary map with the location of the property clearly marked on each map.

SMALL COMMERCIAL CERTIFICATION APPLICATION
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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 Small Commercial 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.

- ☐ **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.

- ☐ **HISTORIC DISTRICT 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 and **keyed to existing floor plans**. 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 to the Application Instructions.

- ☐ **MULIPLE BUILDINGS-** My property contains multiple structures and therefore I am submitting additional information in accordance to the Application Instructions.

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

☐

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

Name _____

Signature _____

Date _____

SEND THE COMPLETED APPLICATION TO:

Maryland Historical Trust
100 Community Place
Crownsville, MD 21032
attn: Bonnie Baden