

**SMALL 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 electronic 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 material submitted with it (such as architectural plans, drawings and specifications), the application form shall take precedence.

1. Property Name _____

Street _____

City _____ Zip _____ County _____

A Part 1 – Evaluation of Significance was submitted Date submitted _____ Date of certification _____

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

2. Project Data

Date of building construction _____ Start date (estimated) _____ Completion date (estimated) _____

Floor area before / after rehabilitation (sqft) _____ / _____ Number of buildings in the project _____

Use(s) before / after rehabilitation _____ / _____

Check if this is a residential property and will be sold as part of a development project for exclusive occupancy by a residential owner.

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. **Cannot exceed \$500,000 or project will not be eligible for the small commercial tax credit.**

***Estimated Qualified Rehabilitation Expenditures**

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.

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

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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 _____
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Describe existing feature and its condition

Photo numbers _____ Drawing numbers _____

Describe work and impact on feature

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MANDATORY APPLICATION CHECKLIST

Property Address

Instructions: After completing your Part 2 application, 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 filled in all applicable fields. 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 application and Mandatory Application Checklist in accordance with MHT's signature guidelines.

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 for the next 24 months 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* and be reviewed and approved by MHT.

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

BUDGET- I have included a budget for my project and, if applicable, a contractor's written estimate to substantiate the estimated Qualified Rehabilitation Expenditures (QRE). I understand that the final credit amount and fee is based on the Part 2 estimated QRE.

PHOTOGRAPHS - I have prepared all photographs in accordance MHT's photographic guidelines.

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

REVIEW FEE - I will pay a \$10 Part 2 review fee when sent an electronic invoice by the Maryland Historical Trust. I understand that payment must be made within ten (10) days of receiving the invoice.

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

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