

**PART A – PRELIMINARY CERTIFICATION**

**Section I – Property and Owner Information**

**STATE PREFERENTIAL PROPERTY TAX ASSESSMENT PROGRAM  
FOR REHABILITATED HISTORIC PROPERTY**

**SPECIAL INSTRUCTIONS:** The first 2 pages of the application bearing the owner’s original signatures must be one-sided (additional pages and/or copies may be double-sided).

1. Historic name of property (if known): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_  
\_\_\_ Property listed individually in Georgia Register of Historic Places (GRHP)  
\_\_\_ Property located within GRHP-listed historic district (name of district): \_\_\_\_\_  
\_\_\_ Property not listed in GRHP; determination of historic property eligibility is requested:  
\_\_\_ For listing in GRHP as individual property. (National Register packet, including draft 10-900 Form must be attached.)  
\_\_\_ For listing in GRHP as part of a historic district. (National Register packet, including draft 10-900 Form must be attached.)

2. Project Contact (the person who prepared this form if other than the property owner):  
Name: \_\_\_\_\_ Company/Organization: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

3. Property Owner: I hereby authorize this application for the above noted tax incentive, attest that the information I have provided is, to the best of my knowledge, correct, and that I own the property described above.

Owner’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Company/Organization: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

4. Project Information:  
a.) Estimated total cost of project (including any new construction or site work): \$ \_\_\_\_\_  
b.) Estimated amount of Qualified Rehabilitations Expenditures: \$ \_\_\_\_\_  
c.) Estimated project start date: \_\_\_\_\_ d.) Estimated project completion date: \_\_\_\_\_  
e.) Has an application for federal preservation tax credits for this property been filed with HPD? \_\_\_\_\_  
f.) Does the project involve the preservation of Georgia specimen trees? \_\_\_\_\_

***PART A APPLICATION CONTINUED ON NEXT PAGE***

**DNR OFFICIAL USE ONLY**

\_\_\_ This property is approved for preliminary certification as historic property. The property is listed, either individually or as a property contributing to the significance of a historic district, in the Georgia Register of Historic Places AND rehabilitation work described in the application meets DNR’s *Standards for Rehabilitation*.  
\_\_\_ This property is approved for preliminary certification as historic property; however final certification is contingent on satisfying assigned conditions to:  
\_\_\_ allow designation as a certified structure / registered historic property. (see attached for explanation)  
\_\_\_ allow designation as a certified rehabilitation. (see attached for explanation)  
\_\_\_ This property is denied preliminary certification. (see attached for explanation)

DATE \_\_\_\_\_ DEPARTMENT OF NATURAL RESOURCES AUTHORIZED SIGNATURE \_\_\_\_\_

PART A – PRELIMINARY CERTIFICATION

STATE INCOME TAX CREDIT PROGRAM
FOR REHABILITATED HISTORIC PROPERTY

1. Historic name of property (if known):
Address: City: County: Zip:
Property listed individually in Georgia Register of Historic Places (GRHP)
Property located within GRHP-listed historic district (name of district):
Property not listed in GRHP; determination of historic property eligibility is requested:
For listing in GRHP as individual property. (National Register packet, including draft 10-900 Form must be attached.)
For listing in GRHP as part of a historic district. (National Register packet, including draft 10-900 Form must be attached.)

2. Project Contact (the person who prepared this form if other than the property owner):
Name: Company/Organization:
Address: City: State: Zip:
Daytime phone number: Cell phone number: E-mail:

3. Property Owner: I hereby authorize this application for the above noted tax incentive, attest that the information I have provided is, to the best of my knowledge, correct, and that I own the property described above.

Owner's Signature: Date:
Name: Company/Organization:
Address: City: State: Zip:
Daytime phone number: Cell phone number: E-mail:

4. Project Information:
a.) Estimated total cost of project (including any new construction or site work): \$
b.) Estimated amount of Qualified Rehabilitations Expenditures: \$
c.) Estimated project start date: d.) Estimated project completion date:
e.) Has an application for federal preservation tax credits for this property been filed with HPD?
f.) If the property is a Historic Home, is it located within a target area?
g.) This application covers phase of phases.

Indicate which credit cap category the project will apply for with the Department of Revenue
\$100,000 (Historic Home) \$300,000 \$5 million \$10 million

PART A APPLICATION CONTINUED ON NEXT PAGE

DNR OFFICIAL USE ONLY

This property is approved for preliminary certification as historic property. The property is listed, either individually or as a property contributing to the significance of a historic district, in the Georgia Register of Historic Places AND rehabilitation work described in the application meets DNR's Standards for Rehabilitation.
This property is approved for preliminary certification as historic property; however final certification is contingent on satisfying assigned conditions to:
allow designation as a certified structure / registered historic property. (see attached for explanation)
allow designation as a certified rehabilitation. (see attached for explanation)
This property is denied preliminary certification. (see attached for explanation)

DATE

DEPARTMENT OF NATURAL RESOURCES AUTHORIZED SIGNATURE

GEORGIA DEPARTMENT OF NATURAL RESOURCES (DNR) - HISTORIC PRESERVATION DIVISION (HPD)  
**PART A – PRELIMINARY CERTIFICATION (CONTINUED)**

**STATE PREFERENTIAL PROPERTY TAX ASSESSMENT PROGRAM**  
*Note: Property owner has 24 months from the date this document is filed at the county tax assessor's office in which to complete the rehabilitation work as described.*

**STATE INCOME TAX CREDIT PROGRAM**  
*Note: The property owner has 24 months (60 months if the project is phased) from the date this document is signed by HPD in which to complete the rehabilitation work as described.*

Historic name of property (if known): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Property History:  
 a.) Original construction date: \_\_\_\_\_ b.) Type of construction \_\_\_\_\_  
 c.) List major alteration(s) or additions, including (estimated) construction dates (attach additional pages if necessary):  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Project Information Continued:  
 a.) Estimated floor area before rehab: \_\_\_\_\_ square feet b.) Estimated floor area after rehab: \_\_\_\_\_ square feet  
 c.) Building use before rehab: \_\_\_\_\_ d.) Building use after rehab: \_\_\_\_\_  
 e.) Fair market value before rehab: \_\_\_\_\_ f.) Adjusted basis before rehab: \_\_\_\_\_  
 g.) Building type: \_\_\_\_\_  
 h.) Is more than one building being rehabilitated within two acres of the property? \_\_\_\_\_  
 i.) Is this project associated with other projects or buildings through physical connections, parcel or lot lines, or common ownership? \_\_\_\_\_ If yes, list the addresses of the associated properties:  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Summary of Historic Resources: In the space below (and on additional pages as needed), list all the buildings, structures or additions located on the property.

<u>Name/Type</u>	<u># of Stories</u>	<u>Date of Construction</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach additional pages if needed.)

8. Send the **original and one copy** of this application AND the following items to TAX INCENTIVES PROGRAM, JEWETT CENTER FOR HISTORIC PRESERVATION, 2610 GA HWY 155 SW, STOCKBRIDGE, GEORGIA 30281. See application instructions for further details regarding application materials. **This application will not be reviewed unless it is complete with the following (please check to ensure all are included):**

- \_\_\_\_\_ Original and one copy of this application.
- \_\_\_\_\_ Map showing the lot where the building is located (if within a GRHP listed district provide portion of district map)
- \_\_\_\_\_ Two sets of color photographs showing exterior and interior views of the property. All photos must be labeled and numbered on the back to correspond to the accompanying photo key. (see Photo-Documentation Guidelines)
- \_\_\_\_\_ Two copies of the photo key illustrating the location and view of each photograph. (see Photo-Documentation Guidelines)
- \_\_\_\_\_ Two copies of sketched or architectural floor plans of existing conditions. (see Photo-Documentation Guidelines)
- \_\_\_\_\_ Two copies of sketched or architectural floor plans (and other drawings as necessary) of proposed work.
- \_\_\_\_\_ National Register packet, including draft 10-900 Form for property not listed in GRHP.

**PART A APPLICATION CONTINUED ON NEXT PAGE**

**PART A – PRELIMINARY CERTIFICATION (CONTINUED)**

Historic name of property (if known): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

**Section II – Evaluation of Significance**

**1. Description of Physical Appearance**

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**2. Statement of Significance**

***PART A APPLICATION CONTINUED ON NEXT PAGE***

**PART A – PRELIMINARY CERTIFICATION (CONTINUED)**

Historic name of property (if known): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

**Section III – Description of Rehabilitation**

1. **Summary of Rehabilitation Work: Please provide a check for each category in the list below. Check “Yes” if it is included in your project, “No” if there will be no changes made in that category or N/A for features that are not applicable to the project.**

<u>YES</u>	<u>NO</u>	<u>N/A</u>	<b>Feature and Description of Work</b>
_____	_____	_____	<b>Foundation</b> – such as repairing brick or stone masonry, repointing mortar joints, patching stucco, infilling between piers, etc.
_____	_____	_____	<b>Structure</b> – repairing and stabilization of all historic structural elements excluding interior finish materials
_____	_____	_____	<b>Roof</b> – new roofing material, flashing, roof deck, repairing the roof structure, dormers, or vents
_____	_____	_____	<b>Chimneys</b> – repairing brick or stone masonry, stabilization, repointing mortar joints, patching stucco or repairing other exterior materials
_____	_____	_____	<b>Exterior Siding</b> – such as repairing brick or stone masonry, repointing mortar joints, patching stucco, repairing, patching or replacing historic wood or metal features, painting
_____	_____	_____	<b>Porches</b> – such as repairing porch roofs, flashing, deck, structure, columns, posts, railings, flooring, floor structure, foundation
_____	_____	_____	<b>Windows</b> – repairing existing windows, replacing sashes where missing or too deteriorated to repair, hood molds, sills, shutters, frames
_____	_____	_____	<b>Exterior Doors</b> – such as repairing doors, frames, sidelights, transoms, hardware
_____	_____	_____	<b>Replacement of Missing Features</b> – removing later features and replacing with new work duplicating missing historic features
_____	_____	_____	<b>Stairs</b> – interior and exterior, repairing existing railings, balusters and newel posts, repairing or replacing of treads, structural stabilization
_____	_____	_____	<b>Plaster</b> – walls and ceilings, repairing historic plaster, new plaster where it was a documented historic finish, using wood and metal lath, documented decorative or flat plaster features
_____	_____	_____	<b>Interior Doors</b> – such as doors, door frames, hardware
_____	_____	_____	<b>Interior Trim</b> – such as baseboards, crown molding, window frames, picture rails, chair rails, wainscoting, beaded board
_____	_____	_____	<b>Flooring</b> – repairing, patching or replacing historic wood, tile, masonry or other flooring material, painting
_____	_____	_____	<b>Fireplaces</b> – repairing masonry, repointing mortar joints, repairing grout and tile and wood surrounds, mantels, hearths, removal of later coal burning insert
_____	_____	_____	<b>Floor Plan Alterations</b> – within historic building such as adding walls to partition spaces; removing walls to create larger spaces; adding or removing door openings
_____	_____	_____	<b>Energy efficiency measures</b> –such as insulating an attic or crawlspace, interior or exterior storm windows, storm doors, weather-stripping
_____	_____	_____	<b>HVAC systems</b> – repairing existing or installing a new HVAC system, installing flue liners on historic chimneys
_____	_____	_____	<b>Electrical and Plumbing systems</b> –repairing existing or installing new electrical systems, repairing existing or installing new plumbing systems, repairs to existing historic electrical and plumbing fixtures
_____	_____	_____	<b>Lighting</b> – repairing any historic lighting fixtures
_____	_____	_____	<b>Kitchen</b> – fixtures, finishes, flooring
_____	_____	_____	<b>Bathrooms / Toilet Rooms</b> – fixtures, finishes, flooring
_____	_____	_____	<b>Additions</b> – work done on non-historic additions, construction of a new addition
_____	_____	_____	<b>Landscaping</b> – such as plantings, grading, restoring historical landscape features
_____	_____	_____	<b>Outbuildings</b> – work on any historic outbuildings
_____	_____	_____	<b>Other</b> – _____
_____	_____	_____	<b>Other</b> – _____
_____	_____	_____	<b>Other</b> – _____

**PART A APPLICATION CONTINUED ON NEXT PAGE**

GEORGIA DEPARTMENT OF NATURAL RESOURCES (DNR) - HISTORIC PRESERVATION DIVISION (HPD)  
PART A – PRELIMINARY CERTIFICATION (CONTINUED)

Historic name of property (if known): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Detailed Project Description: Use the following spaces to describe the proposed rehabilitation work. In the top portion of each space, note an Architectural/Building Feature and describe its current physical/visual condition. In the bottom portion of the space, describe the planned work and impact (resulting in its final condition) to the feature; if there is no change or impact to a feature, write “No Changes.” Photos illustrating associated existing conditions should be listed in the space provided (see application instructions and *Photo-Documentation Guidelines* for additional information about appropriate photo-documentation of your project).

NOTE: BE AS SPECIFIC AND DETAILED AS POSSIBLE IN ALL WORK DESCRIPTIONS. PLEASE DO NOT LIMIT WORK DESCRIPTIONS TO THE NUMBER OF BOXES PROVIDED BELOW. BOXES DO NOT EXPAND, PLEASE CONTINUE INTO THE NEXT BOX IF NECESSARY.

***COPY & ATTACH ADDITIONAL PAGES AS NEEDED FOR SCOPE-OF-WORK DESCRIPTIONS***

**1** Architectural/Building Feature: \_\_\_\_\_ See Photos: \_\_\_\_\_  
Describe existing feature and its condition:

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Describe Work and Impact on Existing feature:

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**2** Architectural/Building Feature: \_\_\_\_\_ See Photos: \_\_\_\_\_  
Describe existing feature and its condition:

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Describe Work and Impact on Existing feature:

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**3** Architectural/Building Feature: \_\_\_\_\_ See Photos: \_\_\_\_\_

Describe existing feature and its condition:

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Describe Work and Impact on Existing feature:

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**4** Architectural/Building Feature: \_\_\_\_\_ See Photos: \_\_\_\_\_

Describe existing feature and its condition:

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Describe Work and Impact on Existing feature:

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**5** Architectural/Building Feature: \_\_\_\_\_ See Photos: \_\_\_\_\_

Describe existing feature and its condition:

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Describe Work and Impact on Existing feature:

**6** Architectural/Building Feature: \_\_\_\_\_ See Photos: \_\_\_\_\_

Describe existing feature and its condition:

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Describe Work and Impact on Existing feature:

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**7** Architectural/Building Feature: \_\_\_\_\_ See Photos: \_\_\_\_\_

Describe existing feature and its condition:

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Describe Work and Impact on Existing feature:

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**8** Architectural/Building Feature: \_\_\_\_\_ See Photos: \_\_\_\_\_

Describe existing feature and its condition:

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Describe Work and Impact on Existing feature:

**9** Architectural/Building Feature: \_\_\_\_\_ See Photos: \_\_\_\_\_

Describe existing feature and its condition:

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Describe Work and Impact on Existing feature:

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**10** Architectural/Building Feature: \_\_\_\_\_ See Photos: \_\_\_\_\_

Describe existing feature and its condition:

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Describe Work and Impact on Existing feature:

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**11** Architectural/Building Feature: \_\_\_\_\_ See Photos: \_\_\_\_\_

Describe existing feature and its condition:

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Describe Work and Impact on Existing feature:

**12** Architectural/Building Feature: \_\_\_\_\_ See Photos: \_\_\_\_\_  
Describe existing feature and its condition:

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**Describe Work and Impact on Existing feature:**

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**13** Architectural/Building Feature: \_\_\_\_\_ See Photos: \_\_\_\_\_  
Describe existing feature and its condition:

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**Describe Work and Impact on Existing feature:**

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**14** Architectural/Building Feature: \_\_\_\_\_ See Photos: \_\_\_\_\_  
Describe existing feature and its condition:

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**Describe Work and Impact on Existing feature:**

**15** Architectural/Building Feature: \_\_\_\_\_ See Photos: \_\_\_\_\_  
Describe existing feature and its condition:

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**Describe Work and Impact on Existing feature:**

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**16** Architectural/Building Feature: \_\_\_\_\_ See Photos: \_\_\_\_\_  
Describe existing feature and its condition:

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**Describe Work and Impact on Existing feature:**

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**17** Architectural/Building Feature: \_\_\_\_\_ See Photos: \_\_\_\_\_  
Describe existing feature and its condition:

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**Describe Work and Impact on Existing feature:**

**18** Architectural/Building Feature: \_\_\_\_\_ See Photos: \_\_\_\_\_  
Describe existing feature and its condition:

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Describe Work and Impact on Existing feature:

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**19** Architectural/Building Feature: \_\_\_\_\_ See Photos: \_\_\_\_\_  
Describe existing feature and its condition:

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Describe Work and Impact on Existing feature:

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**20** Architectural/Building Feature: \_\_\_\_\_ See Photos: \_\_\_\_\_  
Describe existing feature and its condition:

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Describe Work and Impact on Existing feature:

**Architectural/Building Feature:** \_\_\_\_\_ **See Photos:** \_\_\_\_\_  
Describe existing feature and its condition:

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**Describe Work and Impact on Existing feature:**

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**Architectural/Building Feature:** \_\_\_\_\_ **See Photos:** \_\_\_\_\_  
Describe existing feature and its condition:

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**Describe Work and Impact on Existing feature:**

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**Architectural/Building Feature:** \_\_\_\_\_ **See Photos:** \_\_\_\_\_  
Describe existing feature and its condition:

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**Describe Work and Impact on Existing feature:**