

STATE OF ALABAMA  
ALABAMA HISTORICAL COMMISSION

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**ALABAMA HISTORIC REHABILITATION TAX CREDIT PROGRAM  
APPLICATION PART B – DESCRIPTION OF REHABILITATION**

HRTC form September 2013

AHC Number: \_\_\_\_\_

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This is the second part of the application for the Alabama Historic Rehabilitation Tax Credit program. Part A – Evaluation of Significance application must be submitted prior to or at the same time as this part of the application for all buildings. This application is used to determine if a proposed project meets the Standards for Rehabilitation. The first two pages of the form must appear exactly as below and must bear the Owner's original signature. Other sections may be expanded as needed or continued on blank pages. The Alabama Historical Commission 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 photographs, architectural plans, drawings and specifications), the application form takes precedence. All sections must be complete and all attachments submitted or the application will be incomplete and returned to the applicant.

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1. **Property name:** \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Alabama Zip: \_\_\_\_\_

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2. **Legislative:**

State Senator where building is located: \_\_\_\_\_

State Representative where building is located: \_\_\_\_\_

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3. **Eligibility (Check the Appropriate Box)**

**25% Tax Credit**

- The building is individually listed in the National Register of Historic Places
- The building contributes to a National Register historic district
- The building is individually eligible for listing in the National Register of Historic Places
- The building is eligible for listing as a contributing resource in a potential National Register historic district

**10% Tax Credit**

- The building was built before 1936 and a non-contributing resource in a National Register historic district
- The building was built before 1936 and not eligible for listing in the National Register of Historic Places
- The rehabilitation process will a) retain 50% or more of the existing external walls in place as external walls; b) retain 75% or more of existing external walls in place as internal or external walls; and c) retain 75% or more of existing internal structural framework in place.

**Work completed before submission of this application:**

No work or qualified rehabilitation expenditures related to this rehabilitation project were incurred in the six months before submitting this application.

Qualified rehabilitation expenditures related to this rehabilitation project were incurred in the six months before submitting this application under the following categories:

- Architectural fees
- Engineering fees
- Land surveying fees
- Protection from deterioration

Describe details of all work in this application and provide before and after photographs.

Non-qualified rehabilitation expenditures related to this property were incurred in the six months before submitting this application; describe details of all work in this application and provide before and after photographs.

## Part B – Description of Rehabilitation

### 4. Project Data:

Income-producing use (10% or 25% credit)  
\$5,000,000 tax credit cap

Personal residential use (25% credit)  
\$50,000 tax credit cap

Estimated start date: \_\_\_\_\_ Estimated completion date: \_\_\_\_\_

Estimated qualified rehabilitation expenditures: \_\_\_\_\_

Estimated non-qualified rehabilitation expenditures: \_\_\_\_\_

Tax credit amount requested: \_\_\_\_\_

Tax credit amount is based on the historic status of the building and use (see boxes checked above)

To calculate the tax credit, multiply estimated qualified rehabilitation expenditures X 25% (.25) or 10% (.10)

Date of construction: \_\_\_\_\_ Date & type of alterations: \_\_\_\_\_

Square footage before rehabilitation: \_\_\_\_\_ Square footage after rehabilitation: \_\_\_\_\_

Building use before rehabilitation: \_\_\_\_\_ Building use after rehabilitation: \_\_\_\_\_

### 5. Project contact (if different from owner): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### 6. Owner name: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I hereby attest that the information I have provided in this application is, to the best of my knowledge, correct and that I own the property described above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 7. Attachments/Enclosures

The following are submitted with this application:

- Photographs with labels showing the condition of the building prior to the start of work;
- Site plan showing the condition of the property prior to the start of work with photo directions indicated;
- Floor plan(s) showing the condition of the building prior to the start of work with photo directions indicated;
- Site plan showing the proposed condition of the property after rehabilitation work;
- Floor plan(s) showing the proposed condition of the property after rehabilitation work;
- Other: \_\_\_\_\_

AHC Use Only:

- the Project described herein is consistent with the Standards
- the Project described herein is consistent with the Standards with specific Conditions of Information described on the accompanying review sheet
- the Project described herein is consistent with the Standards with specific Conditions of Work described on the accompanying review sheet
- the Project described herein is not consistent with the Standards

Date: \_\_\_\_\_ AHC Signature: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

See Attachments

## Part B - Description of Rehabilitation

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

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

***Use as many of these pages as necessary to describe the rehabilitation Project. Applicant may attach National Park Service Historic Preservation Certification Application–Part 2 in lieu of these pages.***

Number: \_\_\_\_\_ Feature: \_\_\_\_\_ Date of Feature: \_\_\_\_\_

**Describe existing feature and its condition**

Photo Numbers: \_\_\_\_\_ Drawing Numbers: \_\_\_\_\_

**Describe proposed work and its impact on the feature:**

Number: \_\_\_\_\_ Feature: \_\_\_\_\_ Date of Feature: \_\_\_\_\_

**Describe existing feature and its condition**

Photo Numbers: \_\_\_\_\_ Drawing Numbers: \_\_\_\_\_

**Describe proposed work and its impact on the feature:**