

**STATE HISTORIC REHABILITATION TAX CREDIT  
SECTION 2 AMENDMENT**



<b>Note:</b>	Refer to the Instructions to fill the form. All fields on the form must be completed if applicable or the form will be returned.	FY	Q ORDER	OHP No.	
				NPS No.	

**1. Historic Property** Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name of Historic District to which property contributes: \_\_\_\_\_

**2. Project Contact** (if different from applicant)  
 Name: \_\_\_\_\_ Company: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**3. Applicant**

I attest that the information I have provided is, to the best of my knowledge, correct, and that:

- I am the owner of the above-described property within the meaning of "owner" set forth in CCR 4859.02(k), and/or if I am not the fee simple owner of the above described property, the fee simple owner is aware of this application and has no objection, as noted in a written statement from the owner, a copy of which (i) either is attached to this form and incorporated herein, or has been previously submitted, and (ii) meets the requirements of CCR 4859.02(k).

I understand that willful falsification of this application is considered a felony under California Penal Code Section 115 and may subject me to fines and imprisonment of up to three years.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Applicant Entity: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**4. Summary:** Summarize changes to the proposed project below. Use additional sheets to describe revisions completely.

OHP Official Use Only Section 2 Amendment

The OHP has reviewed the Initial Application Section 2 for the above-named property and has determined:

- The rehabilitation is consistent with the historic character of the property and meets the Standards for Rehabilitation.  
 The proposed rehabilitation will meet the Standards for Rehabilitation if the attached conditions are met.
- The rehabilitation described herein is not consistent with the historic character of the property or the district in which it is located and that the project does not meet the Standards for Rehabilitation.
- The rehabilitation described herein is not consistent with the historic character of the property or district in which it is located. The project does not meet the Standards for Rehabilitation.

\_\_\_\_\_  
 Date Julianne Polanco, State Historic Preservation Officer  
 OHP Comments Attached



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A large, empty rectangular box with a black border occupies the majority of the page. It is positioned centrally and is intended for the user to provide details related to the State Historic Rehabilitation Tax Credit Section 2 Amendment.