

TEXAS HISTORICAL COMMISSION

Texas Historic Preservation Tax Credit Application Instructions Part B: Description of Rehabilitation

All forms must be fully completed with all information necessary to fully evaluate the project. Incomplete forms or missing documentation will result in applications being placed on hold while additional information is requested.

Property information: This information should match the corresponding sections of the Part A application. You may skip the project ID if you have not yet been assigned a number.

Contact Information: Applicant is the person or entity who will receive the credits. Project Contact is usually the person who completed the forms and who will serve as the primary point of communication with the THC. Property owners must be identified in cases where the applicant does not own the property.

Project Information: Please fill out all blanks as accurately as possible. THC understands that project costs and timelines may change, but uses this information to track projects and our program. Dates must include month, date, and year.

For-profit entities that own the subject property should check either “non-residential real property” or “residential real property” as appropriate. Lessees with long-term leases applying for the credit should check “lessee” and describe the length of the property lease, to ensure they meet IRS regulations.

Project Description: Information starting on Page 3 is used to determine if your proposed work meets the Secretary’s Standards for Rehabilitation. Additional information about our reviews can be found on pages 7-9 of the THPTC Application Guide.

Project Summary: Give a general description of the scope of work, what parts of the building and/or site are not included in this work, and if the project will be phased. If the project will be phased, please provide a description of each phase and their estimated timelines.

Detailed Description of Rehabilitation Work: Describe *all* work that will be undertaken on the building and property, including items that are not QREs. Break the overall project down into building parts, spaces, materials, etc, as appropriate to describe the project. Begin with sitework, followed by the exterior, and then the interior, of the building. Do this for each building on the property, if there are multiple buildings.

Please be thorough and detailed. Create as many entries as necessary to fully describe the project. Architectural plans do not substitute for a comprehensive narrative.

Fill out all blanks for each work item noting photos and plans that document the feature and proposed work items.

If you have already begun work, describe all completed work using the past tense, and noting the dates work was undertaken.

Additional pages can be used, if necessary.

Photographs: Submit photos of the building from before work began, as well as current photos if work has already begun. Photos must include overall shots of the building’s exterior and all major interior spaces. Photos of details, of individual building parts should be used to document the condition of these items and supplement the project narrative.

Photos must be labeled and formatted according to directions on page 12 of the Application Guide. Photos must also be numbered and keyed to site plans and floor plans. Historic photos of the building should also be submitted, if necessary to illustrate any work items.

Plans and other documentation: Architectural and engineering plans should be submitted, if those have been prepared for the project, along with product information, cleaning specifications, or other documentation as appropriate. Plans must be saved at a size that allows all notes to be legible.

The applicant AND owner, if separate from the applicant, must sign and date the form. Acceptable signatures are: 1) Digital signatures using a digital ID; 2) Scanned or digitized versions of an original handwritten signature; or 3) Scanned PDFs of original wet-signature applications.

If applying for both state and federal credits: submit the electronic file of the state form, including all pages. With your federal application, submit one total copy of all other files: photographs, maps, and other supporting documentation.

If applying for the state credits only: submit the electronic file of the state form and one copy of all photographs, drawings, and other supporting documentation together.

Applications and all supporting documents must be submitted to our office electronically at:
<https://xapps.thc.state.tx.us/TaxCredits2>

The required review fee, in the amount indicated by the Fee Schedule on Page 12 of the THPTC Application Guide, must be submitted by check. Label your check with the property name and "Tax Credit Program."

Please submit checks with the Fee Transmittal Form found at:
https://www.thc.texas.gov/public/upload/forms/THPTC_Fee_Transmittal_2023.pdf

TEXAS HISTORICAL COMMISSION

Texas Historic Preservation Tax Credit Application Part B: Description of Rehabilitation

Read instructions carefully before completing application. No certification will be made unless a completed, signed application form has been received. Type or print clearly in black ink and scan. If additional space is needed, attach blank sheets. Please submit only **one** copy of this application and supporting materials. Applications must be submitted electronically to the Texas Historical Commission at <https://xapps.the.state.tx.us/TaxCredits2>. E-mailed, mailed, or faxed applications will not be accepted.

Note: If you wish to participate in the Federal program, you must submit the appropriate Federal application(s) to the THC. Visit www.nps.gov/tps to download applications. **State application fee is due at the time of submission.**

Please Check One: State and Federal Project State Only Project

Property Name: _____

Property Address: _____
Street City County Zip Code

Part A – Evaluation of Significance submitted? Y N Date submitted _____ Date of certification _____

Historic District name _____ Not in district Subject to Local Review by CLG? Y N

State Project ID: THPTC _ _ _

Federal Project ID: NPS # _____

Applicant (if different from owner listed below)			Project Contact		
Name			Name		
Organization			Organization		
Address			Address		
City	State	Zip	City	State	Zip
Telephone	Email		Telephone	Email	
Property Owner 1			Property Owner 2 (list additional owners on separate page)		
Name			Name		
Organization			Organization		
Address			Address		
City	State	Zip	City	State	Zip
Telephone	Email		Telephone	Email	

Project Information		
Number of buildings on site / involved in project:	# on site _____	# in project _____
Estimated total / qualified costs of project:	Total _____	Qualified _____
Estimated start / completion dates of project:	Start date _____	Completion _____
Property use before / after rehabilitation:	Before _____	After _____
Check all that apply: <input type="checkbox"/> Non-residential real property (e.g. restaurant, retail, warehouse, or office used by a taxable entity) <input type="checkbox"/> Residential rental property <input type="checkbox"/> State institution of higher education <input type="checkbox"/> Tax exempt use property <input type="checkbox"/> Lessee (Term of lease: _____)		
Property value before / after rehabilitation (est.):	Before _____	After (est.) _____
Floor area before / after rehabilitation (est.):	Before _____ sqft	After _____ sqft
Number of housing units before / after rehabilitation:	Before _____	After _____
Architecture firms, developers, and/or construction companies to be involved in project (optional):		

Applicant Agreement

I hereby swear or affirm, under penalty of perjury, that the information which has been provided in this application is, to the best of my knowledge, true, correct, and complete. I further swear or affirm that I am the owner or have the authority to act on behalf of the owner(s) of the above-described property (within the meaning of *owner* set forth in Title 13, section 13.1 of the Texas Administrative Code). If I am not the owner of this property, the owner(s) is/are aware of the action I am taking relative to this application, has no objection, and has signed below to affirm the same.

Release of Project Financial Information

I understand that the information I have provided in this Texas Historic Preservation Tax Credit application may be subject to release to the public under the Texas Public Information Act, Texas Government Code Chapter 552 (the "Act"). I also understand that under Subchapter C of the Act, certain information, including project costs, may be exempted from required disclosure if I timely demonstrate to the Office of the Attorney General of Texas that an exception to mandatory disclosure applies. By checking the appropriate box below, I hereby waive my right to assert that an exception applies to information I have provided in the Project Information section of the application and grant THC permission to release this information in response to a records request submitted to THC under the Act without notifying me. I further authorize THC to use application information I provide in the Project Information section in THC publications or on THC's website to publicize and promote the Texas Historic Preservation Tax Credit and projects certified through the program. Applicant responses below do not affect approval or disapproval of this application.

Yes, I authorize THC to release information provided in the Project Information section as described above.

No, I do not authorize release of information provided in this Application.

Applicant Signature

Applicant Name

Date

Owner Signature

Owner Name

Date

THC Official Use Only

Application fee received on _____

The Texas Historical Commission has reviewed the Historic Preservation Tax Credit Application – Part B for the above-named property and has determined that:

- The proposed rehabilitation described herein is consistent with the character of the property and, where applicable, with the district in which it is located and that the project meets the Secretary of the Interior's *Standards for Rehabilitation*. This letter is a preliminary determination only, since a formal certification of rehabilitation can be issued to the owner(s) of a certified historic structure only after rehabilitation work is complete and found to conform to the description provided in this application.
- The proposed rehabilitation will meet the Secretary of the Interior's *Standards for Rehabilitation* if the attached conditions are met.
- The proposed rehabilitation 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 Secretary of the Interior's *Standards for Rehabilitation*.
- There is not enough information to determine whether the proposed rehabilitation will meet the Secretary of the Interior's *Standards for Rehabilitation*.
- The project (or portions thereof) does not appear to meet the program's eligibility requirements.

Texas Historical Commission Authorized Signature

Date

Project Summary

Use this section summarize your project. Give a general description of the scope of work, what parts of the building and/or site are not included in this work, and if the project will be phased. If the project will be phased, please provide a description of each phase and their estimated timelines.

Detailed Description of Rehabilitation Work

Use these pages to describe all work or create a comparable format with this information. Number items consecutively and thoroughly describe all work, including building exterior and interior, additions, site work, landscaping, and new construction.

Also specify the dates that work on that feature was, or is anticipated to be, started and completed.

Number _____	Feature _____	Construction date of feature _____	
Describe existing feature and condition:			
Photo numbers:	Drawing numbers:	Date work started:	Date work completed:
Describe work and impact on feature:			

Number _____	Feature _____	Construction date of feature _____
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Describe existing feature and condition:

Photo numbers:	Drawing numbers:	Date work started:	Date work completed:
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Describe work and impact on feature:

Number _____	Feature _____	Construction date of feature _____
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Describe existing feature and condition:

Photo numbers:	Drawing numbers:	Date work started:	Date work completed:
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Describe work and impact on feature: