PENNSYLVANIA HISTORIC PRESERVATION TAX CREDIT PROGRAM
PHMC HISTORIC PRESERVATION CERTIFICATION SUPPLEMENTAL APPLICATION
PART 1 - EVALUATION OF SIGNIFICANCE COVER SHEET

For DCED/PHMC use only
EAS No: / / /

Instructions: Read the instructions carefully before completing application. No certification will be made unless a completed cover sheet and application form has been received. If additional space is needed, use continuation sheets or attach blank sheets.

1. Property Name: _____

Property Address: Street: _____

City: _____ County: _____ State: **PA** Zip: _____

BHP Key Number: _____ Historic District: _____

2. Check nature of request:

☐ Certification that the building is individually listed in the National Register of Historic Places.
Please provide date of listing: _____ and BHP Key Number: _____.

☐ Certification that the building contributes to the significance of the above-named historic district for the purpose of rehabilitation.

☐ Preliminary determination for individual listing in the National Register of Historic Places

☐ Confirm that building has an approved federal Historic Preservation Certification Application Part 1 – Evaluation of Significance*****
Please provide NPS Project Number: _____ Date of Certification: _____

☐ Confirm that approved a federal Historic Preservation Certification Application Part 1 – Evaluation of Significance***** is being submitted as a companion application to the PHMC
*** If you have submitted a federal Historic Preservation Certification Application- Part 1 – Evaluation of Significance, you do not need to submit additional Part 1 application materials. You only need to complete and submit this cover sheet.**

3. Project contact:

Name: _____

Street: _____ City: _____

State: _____ Zip: _____ Daytime Telephone Number: _____

E-mail address: _____

4. Owner

Name: _____ Signature: _____ Date: _____

Organization: _____

Social Security or Taxpayer Identification Number: _____

Street: _____ City: _____

State: _____ Zip: _____ Daytime Telephone Number: _____

E-mail address: _____

PHMC Official Use Only
The PHMC has reviewed the Historic Certification Application – Part 1 for the above-named property and has determined that the property:

___ is individually listed in the National Register of Historic Places.
___ contributes to the significance of the above-named historic district (or National Register property) and is a qualified historic structure for rehabilitation purposes.
___ does not contribute to the significance of the above-named district.

Preliminary Determinations

___ appears to meet the National Register Criteria for Evaluation and will likely be listed in the National Register of Historic Places if nominated by the State Historic Preservation Officer according to the procedures set forth in 36 CFR Part 60.
___ does not appear to meet the National Register Criteria for Evaluation and will likely not be listed in the National Register.
___ appears to contribute to the significance of a registered historic district but is outside the period of significance as documented in the National Register nomination or district nomination on file with the NPS.
___ does not appear to qualify as a qualified historic structure.

_____ _____
Date PHMC Authorized Signature

PHMC HISTORIC PRESERVATION CERTIFICATION SUPPLEMENTAL APPLICATION
PART 1 - EVALUATION OF SIGNIFICANCE

Property Name: _____ EAS No: _____

Property Address: _____

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5. Description of physical appearance:

Date of construction: _____ Source of date: _____

Date(s) of alteration(s): _____

Has building been moved? ☐ no ☐ yes If so, when? _____

6. Statement of significance:

7. Photographs, Photo Key and Map: Include photographs, photo key and map with application. Photos must be keyed to site plan and floor plan showing numbered photos and arrows showing the view. Send a map of the historic district with the building location highlighted.

Are continuation sheets attached? ☐ yes ☐ no

Please return completed form to:

Pennsylvania Department of Community & Economic Development
Tax Credit Division
Center for Business Financing
Commonwealth Keystone Building – 4TH Floor
400 North Street
Harrisburg PA 17120-0225

PHMC HISTORIC PRESERVATION CERTIFICATION SUPPLEMENTAL APPLICATION
CONTINUATION SHEET

Property Name: _____ EAS No: _____

Property Address: _____

Instructions. Read the instructions carefully before completing. Type, or print clearly in black ink. Use this sheet to continue sections of the Part 1 application. Photocopy additional sheets as needed.

This sheet: ☐ continues Part 1