KHC Form TC-2a

Rev. 2022

**COMMONWEALTH OF KENTUCKY**

**Kentucky Heritage Council**

Kentucky Historic Preservation Tax Credit Certification Application

**Continuation / Amendment Sheet**

Date Received

Page 1 of 1

This page must bear the applicant’s original signature and must be dated. Use this sheet to continue sections of the Part 1, Part 2 or Part 3 applications or to amend a previously submitted application. Add additional sheets as needed.

1. **Historic Property Name** (if unknown, leave blank):

Street:

City: County: State: **KY** Zip:

1. **This form** *(Check only one)*:
* Includes additional information requested by the Kentucky Heritage Council for an application currently on hold
* Amends a previously submitted Part 1 Part 2 Part 3 application.

**Summarize information here; continue on additional page if necessary.**

1. **Applicant/owner** (please print): Signature:

Organization: Social Security or Taxpayer ID #:

Street: City: State: Zip:

Phone: Email: Date:

**Applicant: *I hereby attest that the information I have provided is, to the best of my knowledge, correct. I further attest that (check one box) (1)****I am the owner or authorized representative of the owner of the above-described property within the meaning of “owner” set forth in****300 KAR 6:011E, Section 1(18),*** *or* ***(2)*** *I am not the owner of the above-described property, but I attest that the owner is aware of the
action I am taking relative to this application and has no objection, as noted in a written statement from the owner, a copy of which is
attached to this application form and incorporated herein.*

1. **Consultant** (please print): Signature:

Street: City: State: Zip:

Organization: Phone: Email:

 Please send a copy of all correspondence to both applicant/owner and project consultant.

 The Kentucky Heritage Council has reviewed this application for the above-named property and has determined:

|  |  |
| --- | --- |
|  | The rehabilitation as described in this amendment meets the **Secretary of the Interior’s** **Standards for Rehabilitation**. This approval is a preliminary determination. A formal certification of rehabilitation will be issued after the work is completed. |
|  | The rehabilitation as described in this amendment will meet the **Secretary of the Interior’s** **Standards for Rehabilitation** only if the attached conditions are met. |
|  | The rehabilitation as described in this amendment does not meet the **Secretary of the Interior’s Standards for Rehabilitation**. |
|  | This amendment updates the information on file and does not affect certification. |

Kentucky Heritage Council / State Historic Preservation Office Authorized Signature Date