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| KHC Form TC-2 Rev. 2022  Page 1 of 14 | **COMMONWEALTH OF KENTUCKY**  **Kentucky Heritage Council**  Kentucky Historic Preservation Tax Credit Certification Application  Part 2 – Description of Rehabilitation | Date Received |

This page must bear the applicant’s original signature and must be dated. Kentucky Heritage Council certification is based on the descriptions in this application form. In the event of any discrepancy between the application form and other supplementary material submitted (architectural plans, drawings, specifications etc.), the application takes precedence. A copy of this form may be provided to the Kentucky Department of Revenue. Submit this completed application and fee, along with a completed Part 1 application, **no later than April 29** for credits under KRS 171.397 of the calendar year in which you want to receive a tax credit allocation.

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

Street:

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

1. **Project Category** (Check only one):
   * **Owner-occupied residential property** (primary residence; eligible for an up to 30% KY Tax Credit)
   * **Commercial property** (income producing; eligible for an up to 20% KY Tax Credit)
   * **Other** (secondary residence, non-profit, local government; eligible for an up to 20% KY Tax Credit)
2. **Project data:** Date of building:

Estimated material costs (QRE\*):

Est. labor costs (QRE\*): Est. TOTAL QRE\* (material **+** labor):

Number of buildings in project:

Floor area before / after rehabilitation: / sq ft

Use(s) before / after rehabilitation: /

# of housing units before / after rehab:

*\*Qualified Rehabilitation Expenditures* Adjusted basis of structure (commercial only): Estimated start date: Estimated completion date:

Work has not started Work has started and current photos taken from the same view as the “before” photos included   
with the Part 1 application are included with this Part 2 application

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

Organization: Social Security or Taxpayer ID #:

Street: City: State: Zip:

Phone: Email: Date:

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

Street: City: State: Zip:

Organization: Phone: Email:

**KHC Office Use Only – *The Kentucky Heritage Council has reviewed this application for the above-named property and determined:***

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|  | The rehabilitation as described is consistent with the historic character of the property, and where applicable the district in which it is located, and meets the **Secretary of the Interior's Standards for Rehabilitation**. This approval is a preliminary determination only since a formal certification of rehabilitation can be issued only after rehabilitation work is complete. | | |
|  | The proposed rehabilitation will meet the **Secretary of the Interior’s Standards for Rehabilitation** only if the attached conditions are met. | | |
|  | The rehabilitation as described is not consistent with the historic character of the property, or the district in which it is located, and **does not meet** the **Secretary of the Interior’s Standards for Rehabilitation.** | | |
|  | | | |
|  | | Total Amount of Eligible Estimated Expenses Reported for this Project | |
|  | | Total Amount of Eligible Estimated Expenses Reported for all Kentucky Projects in this year | |
| Total Pre-Approved Maximum Credit Amount for this Project (to be claimed upon project completion) | | |  |

Kentucky Heritage Council/State Historic Preservation Office Authorized Signature Date

**Property Name:**

Street: City: State: **KY** Zip:

The applicant previously applied for a Kentucky Historic Preservation Tax Credit on this property in the allocation year:

*Note: Starting with the 2023 pool, the annual program cap has been increased to $100 million. The maximum credit that may be claimed for the 20% credit for commercial, income-producing, and other properties has increased to $10 million, while the maximum credit that may be claimed for the 30% credit for owner-occupied residential properties has increased to $120,000. If the yearly program cap is exceeded by approved projects, an apportionment formula will be applied to determine the credit amount awarded per project and will result in a reduction. Applicants applying on or prior to the annual application deadline of April 29 will be notified of the amount of their preliminary maximum credit by June 29.*

1. **Detailed description of rehabilitation work.** Use this page to describe all work or create a comparable format with this information. Number items consecutively to describe all work including building exterior and interior, additions, site work, landscaping and new construction. Photographs with this application must show conditions **BEFORE** start of rehabilitation and must be keyed to a floor plan.

**Number 1.** Feature: Describe existing feature and its condition

Date of feature:

*Photo no. Drawing no.*

Describe work and impact on feature

**Number 2.** Feature: Describe existing feature and its condition

Date of feature:

*Photo no. Drawing no.*

Describe work and impact on feature

**Number 3.** Feature: Describe existing feature and its condition

Date of feature:

*Photo no. Drawing no.*

Describe work and impact on feature

**Number 4.** Feature: Describe existing feature and its condition

Date of feature:

*Photo no. Drawing no.*

Describe work and impact on feature

**Number 5.** Feature: Describe existing feature and its condition

Date of feature:

*Photo no. Drawing no.*

Describe work and impact on feature

**Number 6.** Feature: Describe existing feature and its condition

Date of feature:

*Photo no. Drawing no.*

Describe work and impact on feature

**Number 7.** Feature: Describe existing feature and its condition

Date of feature:

*Photo no. Drawing no.*

Describe work and impact on feature

**Number 8.** Feature: Describe existing feature and its condition

Date of feature:

*Photo no. Drawing no.*

Describe work and impact on feature

**Number 9.** Feature: Describe existing feature and its condition

Date of feature:

*Photo no. Drawing no.*

Describe work and impact on feature

**Number 10.** Feature: Describe existing feature and its condition

Date of feature:

*Photo no. Drawing no.*

Describe work and impact on feature

**Number 11.** Feature: Describe existing feature and its condition

Date of feature:

*Photo no. Drawing no.*

Describe work and impact on feature

**Number 12.** Feature: Describe existing feature and its condition

Date of feature:

*Photo no. Drawing no.*

Describe work and impact on feature

**Number 13.** Feature: Describe existing feature and its condition

Date of feature:

*Photo no. Drawing no.*

Describe work and impact on feature

**Number 14.** Feature: Describe existing feature and its condition

Date of feature:

*Photo no. Drawing no.*

Describe work and impact on feature

**Number 15.** Feature: Describe existing feature and its condition

Date of feature:

*Photo no. Drawing no.*

Describe work and impact on feature

**Number 16.** Feature: Describe existing feature and its condition

Date of feature:

*Photo no. Drawing no.*

Describe work and impact on feature

**Number 17.** Feature: Describe existing feature and its condition

Date of feature:

*Photo no. Drawing no.*

Describe work and impact on feature

**Number 18.** Feature: Describe existing feature and its condition

Date of feature:

*Photo no. Drawing no.*

Describe work and impact on feature

**Number 19.** Feature: Describe existing feature and its condition

Date of feature:

*Photo no. Drawing no.*

Describe work and impact on feature

**Number 20.** Feature: Describe existing feature and its condition

Date of feature:

*Photo no. Drawing no.*

Describe work and impact on feature

**Number 21.** Feature: Describe existing feature and its condition

Date of feature:

*Photo no. Drawing no.*

Describe work and impact on feature

**Number 22.** Feature: Describe existing feature and its condition

Date of feature:

*Photo no. Drawing no.*

Describe work and impact on feature

**Number 23.** Feature: Describe existing feature and its condition

Date of feature:

*Photo no. Drawing no.*

Describe work and impact on feature

**Number 24.** Feature: Describe existing feature and its condition

Date of feature:

*Photo no. Drawing no.*

Describe work and impact on feature

**NOTE:** If the owner of this property is also applying for a federal tax credit, **only the first page of this application form and Part 2 fee, plus the first page of the state Part 1 form**, are required to be completed and submitted along with the completed federal Part 1 and 2 applications. If applying for both programs, **two sets of all documentation must be submitted** (including photos, photo key plan, National Register district map, etc.). We recommend that the applicant make an additional copy of all forms, attachments, photo key plans, numbered photos etc. to keep for their own records.

**Checklist** – please check each item to ensure that a completed application is submitted.

# Form

* + Completed *Part 2 – Description of Rehabilitation* form.
  + Form has the applicant’s original signature and must be dated.
  + For Project Category, the applicant may only check a single box. If a project fits into more than one category, please choose a single option. Should you have questions prior to submitting an application, contact Kentucky Heritage Council Site Development staff to discuss.
  + Under Project Data, please check whether the project has not started or is in progress.

1. **Attachments** (photographs, photo key plans, additional information)
   * If proposed work will add or remove walls, or add or remove ductwork and/or chases, a proposed plan of each floor of the building must be submitted as it will appear **after** rehabilitation. This plan is not required to be drawn by an architect and can be done on graph paper. Please note any changes or demolition. These plans should not exceed 11x17” in size.
   * If proposed work will modify the site, a proposed plan of the site of the building must be submitted as it will appear **after** rehabilitation. This plan is not required to be drawn by an architect and can be done on graph paper. Please note any changes or demolition. These plans should not exceed 11x17” in size.
   * If work is proposed and not well documented by the photos submitted in the Part 1 application, additional photos will need to be submitted along with a revised photo key plan(s). These photos should continue the sequential numbering of the Part 1 photos previously submitted. For example, any window(s) that are proposed to be replaced must each individually be photo documented. Windows that are covered up will need to be uncovered prior to being photographed (remove/open drapes, blinds or plywood coverings). Please refer to the Part 1 checklist for additional photo requirements.
   * Photos must be on 4x6 glossy photo paper. Prints from a home printer **are not** acceptable.
   * If work proposed in the Part 2 application has already started prior to submission, current “in-progress” photos taken from the same view as the “before” photos in the Part 1 application, numbered in the same order, must also be submitted with this application.
   * Photos must be in a loose stack. They may be placed inside an envelope or have a rubber band around them. Do not submit photos inside photo albums or taped to larger sheets of paper.

# Fee and Submission

Refer to Instructions and Guidelines to determine amount of the Part 2 review fee.

* + Make check out to “Kentucky State Treasurer.”
  + Submit to the Kentucky Heritage Council, 410 High Street, Frankfort, KY 40601, attn: Tax Credit Program.

*Please note: All information other than Social Security and/or Taxpayer ID number is subject to open records requests.*