



STATE HISTORIC PRESERVATION TAX CREDIT APPLICATION

DECLARATION OF LOCATION

State Historic Preservation Office

Michigan Strategic Fund

Revised 01/2024

SHPO USE ONLY

State Project Number

1. Resource Information

Historic Property Name \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

2. Project Contact (if different than applicant)

Name \_\_\_\_\_ Organization Name \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime telephone number \_\_\_\_\_ E-mail \_\_\_\_\_

3. Applicant

Name \_\_\_\_\_ Organization Name \_\_\_\_\_

Mailing Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime telephone number \_\_\_\_\_ E-mail \_\_\_\_\_

4. Declaration – Must be completed by an official representative of the local unit of government.

Name of local historic district \_\_\_\_\_ Year established \_\_\_\_\_

Local historic district period of significance \_\_\_\_\_

Name/title of official representative \_\_\_\_\_

Address of local unit of government:

Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

I hereby attest that the information provided is, to the best of my knowledge, correct, and that the above-named resource is located within the boundaries of, and is a contributing resource in, a local historic district as established under Michigan's Local Historic Districts Act (P.A. 169 of 1970, as amended).

Signature of official representative

Date