SHPO HISTORIC TAX CREDIT APPLICATION – Part 1

Application questions for Part 1 of the State Historic Tax Credit are listed below. Upon submittal, applicants will receive a subsequent email requesting the following information:

- Map showing location of property
- Photos (historic and current of both exterior and interior)
- Map key for photos
- National Register of Historic Places Preliminary Questionnaire, if property is not currently listed under any of the eligible listings
- Any other pertinent information that should be considered in determining the property's significance
- Application fees

An application is not considered complete until all information, documents and payments are submitted.

Application Questions:

RESOURCE INFORMATION

- Historic Property Name (if known)
- Street Address (address of where property is located, NOT mailing address)
- City, Village or Township
- County
- Zip Code
- Description of Property's Physical Appearance (brief architectural description)
- Date of Construction
- Sources of Property Information
- Date(s) of additions and/or alterations
- Original and Subsequent Uses of the Property
- Statement of Historic Significance

CERTIFICATION OF THE RESOURCE

Certification that the resource (check only one)

- Is listed individually or contributes to a historic district listed in the National Register of Historic Places.
- Is listed individually or contributes to a historic district listed in the State Register of Historic Sites.
- Contributes to a 1970 PA 169, MCL 399.201 to 399.215 local historic district.
- Name of Historic District or Listed Property
- Name of Local Unit of Government

DECLARATION OF LOCATION FORM

All applicants attempting to qualify for the State Tax Credit based on a property's contribution to a locally designated historic district must submit a completed Declaration of Location form. Because the creation and monitoring of locally designated districts is the sole right and responsibility of the local unit, the SHPO may not have the most up-to-date local designation information. This form allows the owner/applicant and the local unit the opportunity to verify the limits of the district and promotes contact between the resource owner considering undertaking work and the agent of the local unit charged with monitoring aspects of that work. Please download this form here, fill in your answers, and upload it below before submitting your application.

File upload: Declaration of Location Form

APPLICANT INFORMATION

- Applicant First Name
- Applicant Last Name
- For co-owner or for married owners: First Name (As Applicable)
- For co-owners or married owners: Last Name (As Applicable)
- Organization Name
- Mailing Address
- City
- State
- Zip Code
- Phone Number
- Email Address
- Social Security Number(s) or Tax Payer ID number(s)
- For additional Owner: Social Security Number(s) or Tax Payer ID number(s) As Applicable

PROJECT CONTACT (IF DIFFERENT THAN APPLICANT)

- Project Contact First Name
- Project Contact Last Name
- Project Contact Organization Name
- Street Address
- City
- State
- Zip Code
- Phone number
- Email

APPLICATION CERTIFICATION

You must be able to answer "yes" to the question below to submit your application.

I hereby attest that the information I have provided is, to the best of my knowledge, correct. I further attest that I am a Qualified taxpayer as set forth in subsection 266(a)(16)(j) or subsection 676(16)(j) of PA 343 of 2020

• Yes

As your signature, please type your full name.

For additional owner: As your signature, please type your full name. (As Applicable)