



HISTORIC PRESERVATION CERTIFICATION APPLICATION  
VERIFICATION OF STATE EQUALIZED VALUE (SEV)

State Historic Preservation Office  
Michigan Strategic Fund

Revised 12/2021

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. Verification – *Must be completed by an official representative of the local unit of government.*

The SEV of the above-named property \$ \_\_\_\_\_ Year \_\_\_\_\_

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

Address of local unit of government:

Street \_\_\_\_\_

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

*I hereby attest that the SEV is, to the best of my knowledge, correct, for the above-named property.*

\_\_\_\_\_  
Signature of official representative

\_\_\_\_\_  
Date