

STATE HISTORIC PRESERVATION TAX CREDIT APPLICATION

AMENDMENT SHEET

State Historic Preservation Office Michigan Strategic Fund Revised 12/2025

State Project Number **STX**

Amendment #			
. Resource Information			
Historic Property Name			
Address: Street			
City	CountyZip		
. Applicant (Owner or Lessee)			
Name	Organization Name		
Name	(For co-owner or for married owners, as applicable)		
Mailing Address: Street			
	State Zip		
Daytime telephone number	E-mail		
Social Security Number(s) or Taxpayer	Identification Number(s):		
	ave provided is, to the best of my knowledge, correct. I further attest that I am a ction 266(a)(16)(j) or subsection 676(16)(j) of PA 343 of 2020		
Signature (sign in ink)	Date		
Signature (sign in ink)	Date		
. Project Contact (if different tha	n applicant)		
Name	Organization Name		
Address: Street			
City	StateZip		
Daytime telephone number	E-mail		



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4.	Descr	iption	of	Changes

☐ Check if using a continuation sheet
State Historic Preservation Office Use Only
The State Historic Preservation Office has reviewed these project amendments for the above-named resource and hereby determines that:
the amendments described herein are consistent with the historic character of the above-named resource and conform to the <i>Secretary of the Interior's Standards for Rehabilitation</i> . This is a preliminary determination only, since a formal certification of rehabilitation can be issued only after the rehabilitation is completed on the certified historic resource.
the amendments described herein will conform to the Secretary of the Interior's Standards for Rehabilitation if the attached conditions are met (see attached letter).
the amendments described herein are inconsistent with the historic character of the above-mentioned resource and do not conform to the <i>Secretary of the Interior's Standards for Rehabilitation</i> . Therefore, the amendments as described cannot be certified (see attached letter).
Martha MacFarlane-Faes, Deputy State Historic Preservation Officer Date