

NOTE: APPLICATION MUST BE SUBMITTED PRIOR TO THE START OF WORK

**ST. MARY'S COUNTY
HISTORIC PRESERVATION COMMISSION
APPLICATION FOR HISTORIC PRESERVATION TAX CREDIT**

(NOTE: Approval of a Work Permit **DOES NOT** constitute approval of a tax credit application.)

.....
OFFICE USE ONLY

Historic Site Number: _____ Tax Credit Number: _____
Historic Site Name: _____ HAWP Number: _____
Filing Date: _____ HDC Meeting Date: _____
.....

APPLICANT(S):

PRINTED NAME(s): _____

(If Contractor, MHIC Number): _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

PROPERTY OWNER(S):

PRINTED NAME(s): _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

PROPERTY ADDRESS: _____

(Tax Map No. _____ Parcel No. _____ Lot No. _____ Tax ID No. _____)

REGARDING WORK TO BE PERFORMED

1. I/WE contacted Inspection and Permits. A St. Mary's County Building Permit: (___ is ___ is not) required. (If required, Building Permit Application No is: _____.)
2. This application for a Tax Credit (___ is ___ is not) being submitted prior to the start of work. (If work started, explain why: _____)
3. Photographs of existing conditions are (___ attached ___ not attached). No. of Photos: _____
4. Estimated cost proposal detailing each item of work to be performed (___ is ___ is not) attached. (If Contractor proposal attached, go to page 3. If proposal not attached, complete Page 2.)

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PROPOSAL

INCLUDE A BRIEF DESCRIPTION AND COST FOR EACH IMPROVEMENT INCLUDED IN THIS
TAX CREDIT APPLICATION
OR ATTACH CONTRACTOR'S PROPOSAL
(USE ADDITIONAL SHEETS IF NECESSARY AND ATTACH PHOTOS.)

<u>ITEM</u>	<u>DESCRIPTION OF WORK TO BE DONE</u>	<u>ESTIMATED COST</u>
1.	_____ _____ _____ _____	\$ _____
2.	_____ _____ _____ _____	\$ _____
3.	_____ _____ _____ _____	\$ _____
4.	_____ _____ _____ _____	\$ _____
5.	_____ _____ _____ _____	\$ _____
TOTAL ESTIMATED COST OF IMPROVEMENTS		\$ _____

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I/WE understand that approval of this application is a preliminary determination that the work described in this application is eligible for a tax credit. The application will not be recommended to the County Commissioners for final approval until all work is completed and receipts for actual expenditures have been submitted to, reviewed, and approved by the Historic Preservation Commission. I also understand that the work must be in conformity with building permit requirements as stipulated by Inspections and Permits and the Historic Preservation Commission.

I/WE further understand that this tax credit, if approved, applies to St. Mary's County real estate taxes only, commencing with the County tax year immediately subsequent to the year in which the improvement work, as set forth herein, is completed, and that any unused portion of the tax credit may be carried forward to subsequent tax years, not to exceed four (4) subsequent tax years.

I/WE HEREBY DECLARE AND AFFIRM under penalties of perjury that the facts and matters contained in the application are true and correct to the best of my/our knowledge.

APPLICANT'S PRINTED NAME APPLICANT'S SIGNATURE DATE

APPLICANT'S PRINTED NAME APPLICANT'S SIGNATURE DATE

APPROVAL

The above application (____ was ____ was not) **APPROVED** at the HPC meeting held on _____, 20____, subject to the following:

- 1.
- 2.

ST. MARY'S COUNTY HISTORIC PRESERVATION COMMISSION

BY _____
CHAIRPERSON'S SIGNATURE DATE