

**Historic Preservation Certification Application
State Historic Preservation Office Review & Recommendation Sheet
Rehabilitation—Part 2 / Part 3**

Project Number: _____

Number
1

(Property)

(Property)

____ Preliminary done
____ Non-standard billing

Certified Historic Structure? _____ Yes _____ pending

Type of Request: _____ Part 2
_____ Part 3 (Part 2 previously reviewed)
_____ Part 3 (Part 2 not previously reviewed)
_____ Amendment

Date application received by State _____

Date(s) additional information requested by State _____, _____, _____, _____, _____

Complete information received by State _____

Date transmitted to NPS _____

Property visit by State staff _____ (before) _____ (during) _____ (after) rehab.

SHPO REVIEW SUMMARY

____ Fully reviewed by SHPO
____ No outstanding concerns
____ Owner informed of SHPO recommendation
____ In-depth NPS review requested

Number
2

STATE RECOMMENDATION

_____, who meets the Secretary of the Interior's Professional Qualification Standards, have reviewed this application.

The project:

____ meets the Standards.

____ meets the Standards *only* if the attached conditions are met.

____ does not meet Standard number(s) _____ for the reasons listed on reverse.

____ warrants denial for lack of information.

____ This application is being forwarded without recommendation.

For completed work previously reviewed, check as appropriate:

____ completed rehabilitation conforms to work previously approved.

____ completed rehabilitation differs substantively from work previously approved (describe divergences from Part 2 application on reverse).

Date

State Official Signature

Number 3	ISSUES	<input type="checkbox"/> Additions, including rooftop	<input type="checkbox"/> Alteration of significant exterior features or surfaces
		<input type="checkbox"/> Alteration, removal, or covering of significant interior finishes or features	<input type="checkbox"/> Adjacent new construction, extensive site work, or demolition of adjacent structures
		<input type="checkbox"/> Changes in significant interior spaces or plan features (including circulation patterns).	<input type="checkbox"/> Window replacements on any major elevation that do not match historic configuration, material, and profiles
		<input type="checkbox"/> Damaging or inadequately specified masonry treatments	<input type="checkbox"/> Other (explain)

Number 4	Basis for Recommendation. Focus on how the issues checked in Number 3 are being addressed. Where denial is recommended, explain fully. Comment on noteworthy aspects of the project, including any technical or design innovations, or creative solutions.
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STATE EVALUATION OF PROJECT & CONCERNS

See attachments: plans specifications photographs other:
 Items sent separately: plans specifications photographs other:
 Other documentation on file in State:

INNOVATIVE SOLUTIONS/NOTEWORTHY ASPECTS

new technical process creative design solution noteworthy project

NPS COMMENTS

Date National Park Service Signature

Recordkeeping Requirements The National Park Service does not require State Historic Preservation Offices to retain this form

Privacy Act And Paperwork Reduction Act Notice The information requested in this form is being collected from the State Historic Preservation Officer in order to enable the Secretary of the Interior to gain the benefit of the State review of applications for Federal tax incentives for historic by owners of historic properties. Information collected on this form, including names and all written comments, is subject to disclosure. Reporting burden for this form—including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form—is estimated to average 2.5 hours per response for Part 1; 5 hours per response for Part 2; 2.5 hours for an Amendment/Phase Advisory, and 3.5 hours per response for Part 3. Comments regarding this burden estimate or any aspect of this form may be made to the Chief, Technical Preservation Services, National Park Service, 1201 “Eye” St., NW, Washington, D.C. 20005. A Federal agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. OMB has approved this application and has assigned it control number 1024-0009.