

## Louisiana Historic Rehabilitation Commercial Tax Credit Application PART 2 – PROPOSED WORK DESCRIPTION

State Office Use Only Project No.

**Instructions:** Please read the instructions carefully before completing the application. No certifications will be made unless a completed application form has been received. All signatures must be ink, scanned images or digital signatures. Typed signatures will not be accepted in any font. If additional space is needed, use a continuation sheet or attach blank sheets. Please refer to the program guidelines for further information (See Tax Incentives at www.Louisianahp.org).

Name o	Teroperty (onl	y it individually Listed on the i	National Register):		
Address					
		City:	Parish:	State: <u>LA</u>	Zip:
Project	Contact:				
Name:_					
					State:
Owners					
	•	cable description of owner	ehin: Individual:	Cornoration or Pa	rtnership:
		cable description of owner	-	Corporation or a	Tuleiship.
Applican	t Entity:			SSN_or TIN	
	-				State:
					of the above-described property
			ledge that the Louisiana Histo will not be accepted unless Signature		Date
Name			Signature		Date
	which it is local determined by	ated and meets the U.S. Seci		ds & Guidelines for Rehal minary determination only	bilitation" as proposed as , since a formal certification of
		•	ner of a contributing building a		·
	Rehabilitation" preliminary de building after	if the attached conditions are etermination only, since a forr	n will meet the U.S. Secretary met as determined by the Stanal certification of rehabilitation ed. If the project is also pursui	ite Historic Preservation Off n can be issued only to the	fice. This letter is a e owner of a contributing
	which it is loca	ated and the project does not		e Interior's "Standards & C	the district or potential district in Guidelines for Rehabilitation" as Dept. of Revenue.
	Denied due to	a lack of information.			
				See letter	See Conditions Sheet
x Credi	t Reservatio	<u>n</u>			
	Reservation	a amount roquested:			Reviewer
		namount requested: n amount approved:			
		vation request is not available, i			
		ta Award			
		ration Will Be Considered Applie			
			·- ·- · ·		
					(222) 246
-					(225) 342-8200
		ure: Director of Louisiana Div			Office Telephone No.

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4. Rehabilitation Information:			
Estimated project start date:	Estimated placed-i	n-service date:	-
Estimated Qualifying Rehabilitation Ex			
			. Once the application is received, an invoice
will be sent for payment. See below	for part 2 fee schedule	) <u>.</u>	
	Qualified Rehabilitation	Part 2 fee, based on estimated	1
	Expenditures (QREs)	cost of rehabilitation	
	Up to \$100,000	\$250	
	\$100,001 - \$500,000	\$250	
	\$500,001 - \$1 million	\$500	
	\$1,000,001 - \$3 million	\$1,000	
	\$3,000,001 - \$6 million	\$2,000	
	\$6,000,001 - \$15 million	\$3,500	
	\$15,000,001 +	\$5,000	
		·	•
Is the project phased? Yes No	a If was no of phases		
is the project phased? Yes No	o ii yes, no. oi phases:	<del></del>	
If the project is estimated to exceed 24	months, the project mus	st be phased. Separate Part 2	applications should be submitted for
each phase.		•	.,
		Proposed Building Hs	e(s):
Current / Proposed Number of Housing	g Units: <u>        /         </u> Curre	nt / Proposed Number of Low-	or Moderate-Income Housing Units:/
Has a Federal Historic Rehabilitation T	av Credit application her	en submitted forthis project?	Yes No NPS Project #:
Tias a rederal riistoric (Certabilitation i	ax Credit application bet	en submitted for this project:	res No Ni Si Toject #
5. Tax Credit Reservation			
If this is a phased project, inclu	de only the eligible o	costs and expenses associ	ciated with this phase
•			
Reservations are limited to ONE	E per phase. Subseq	uent phases must be sub	mitted on separate forms.
Will this project, to the best of your	knowledge, demonst	rate reviewable progress wi	thin twenty-four (24) months of
the reservation approval? YES	NO		
the receivation approvar.	110		
Amount of Tax Credit Reservation	Requested \$		
	·		
Estimated Eligible Costs and Expe	enses x 0.25 (or 0.35 t	for rural areas) = Tax Credi	t Reservation Request.
If the project is expected to incur a	at least \$500,000 of el	igible costs and expenses,	the estimate of the eligible costs and
expenses form must completed by	a Certified Public Ac	countant. Reservation requ	ests will not be approved without required
estimated costs and expenses.			
6. Additional documentation:			
			or other materials are proposed, specification
sheets for the proposed windows	or materials MUST be	e provided. Any notes on the	e plans or construction documents are
secondary to the written work des	cription and must be i	ncluded in the written work	description for review.
To and thinten from doo			



## Louisiana Division of Historic Preservation Louisiana Historic Rehabilitation Commercial Tax Credit Application PART 2 – Continued

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Number	Feature	Date of Feature:		
	feature and its condition:			
		Drawing Numbers		
Describe work an	nd impact on feature:			
		Date of Feature:		
Describe existing	feature and its condition:			
Photo Numbers		Drawing Numbers		
		Didwing Numbers		
Number	Feature	Date of Feature:		
Describe existing	feature and its condition:			
Photo Numbers		Drawing Numbers		
Describe work an	nd impact on feature:			
1				