

**APPLICATION FOR COLORADO STATE INCOME TAX CREDIT
FOR THE PRESERVATION OF HISTORIC STRUCTURES
(RESIDENTIAL PROPERTY - 2014 CREDIT)**

Pursuant to House Bill 14-1311 (CRS 39-22-514.5)

PART 1 -- PRELIMINARY APPROVAL

1. PROPERTY INFORMATION

Name of Property:

Address:

City/Town:

County:

Zip:

Name of Registered Historic District:

Legal Description:

2. APPLICANT INFORMATION (taxpayer claiming the credit)

Name:

Type of Entity: Individual

Partnership: General Limited

Corporation: Regular Subchapter S

Limited Liability Company

Name of authorized company official

(if applicant is not an individual):

Business address:

City/Town:

State:

Zip:

Telephone:

Residential address:

City/Town:

State:

Zip:

Telephone:

Taxpayer Identification Number (or Social Security Number):

Applicant is: (check one) owner tenant

If more than one taxpayer intends to claim the credit, include on a separate sheet the name, address and taxpayer ID number for all taxpayers intending to claim the credit.

3. OWNER INFORMATION, if applicant is other than owner (if owner is applicant, write "same")

Name:

Address:

City/Town:

State:

Zip:

Telephone:

4. PROJECT CONTACT

Applicant	Owner	Other (specify below)
Name:		
Address:		
City/Town:	State:	Zip:
Telephone:		

5. PROPERTY DESCRIPTION (see instructions):

Original Date of construction:

6. PHOTOGRAPHS OF THE PROPERTY MUST BE INCLUDED (see instructions)
(if drawings are available, they should also be included)

7. DESCRIPTION OF REHABILITATION

1.	<p>Architectural Feature: Describe feature and its condition:</p>	<p>Describe work/impact on feature:</p>
Photo no.	Drawing no.	
2.	<p>Architectural Feature: Describe feature and its condition:</p>	<p>Describe work/impact on feature:</p>
Photo no.	Drawing no.	
3.	<p>Architectural Feature: Describe feature and its condition:</p>	<p>Describe work/impact on feature:</p>
Photo no.	Drawing no.	

8. COST ESTIMATE OF PROPOSED WORK

Itemized:

Estimated total qualified costs:

Estimated total project cost:

9. PROJECT STARTING DATE:

PROJECT COMPLETION DATE:

10. APPLICATION FEE SUBMITTED: (refer to Publication 1322b for more details)

11. APPLICANT'S SIGNATURE

I hereby apply for preliminary approval to proceed with the above described work for which I intend to claim a state income tax credit for historic rehabilitation. I attest that I am the property's owner or a qualified tenant with a lease of five or more years and that the information I have provided is, to the best of my knowledge, true and correct. I hereby agree to allow representatives of the Reviewing Entity access to the property as may be necessary and reasonable for the review and approval of this application.

Signature:

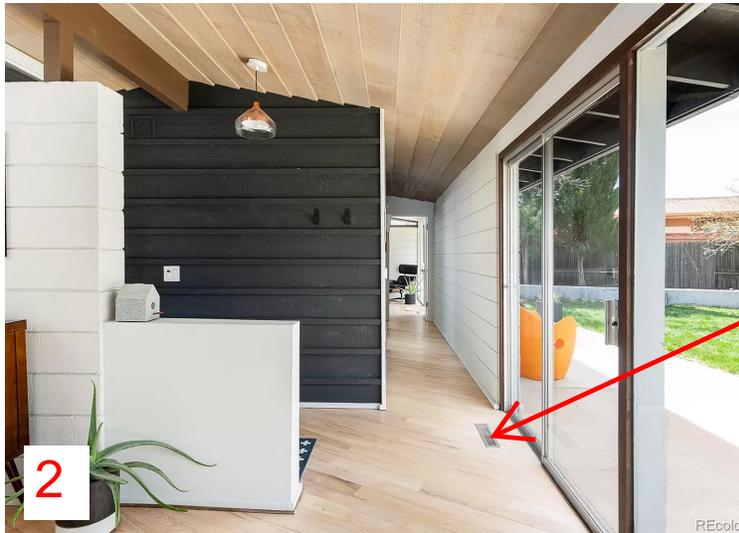


Date:

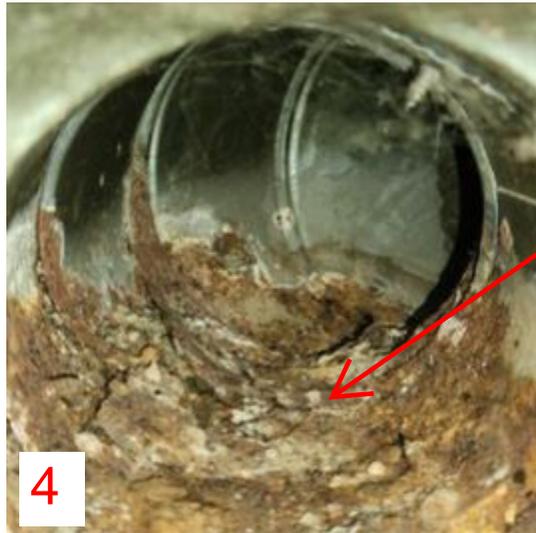
THE NYMAN HOUSE
5475 S MOHAWK ROAD
LITTLETON, CO 80123

DESCRIPTION OF REHABILITATION

UNDERSLAB DUCT WORK REPAIR



UNDERSLAB DUCT WORK REPAIR



WATER AND RUST
DAMAGE TO EXISTING
DUCTS

4



WATER AND RUST
DAMAGE TO EXISTING
DUCTS

5



DUCT RUSTED
THROUGH TO DIRT

6

UNDERSLAB DUCT WORK REPAIR
- COMPLETED WORK



RUSTED THROUGH
PORTIONS OF DUCT
SEALED WITH LIQUID
LATEX

7



DUCTS CLEANED AND
SEALED WITH LIQUID
LATEX

8

SKYLIGHT



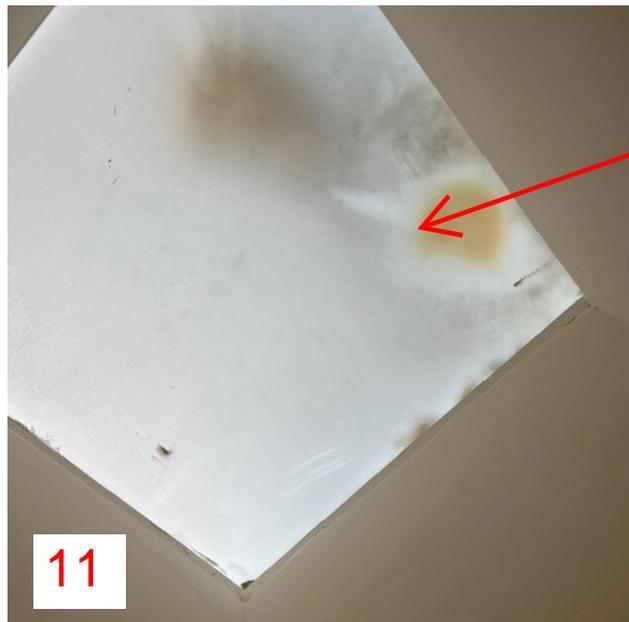
EXISTING BROKEN SKYLIGHT

9



EXISTING BROKEN SKYLIGHT

10



EXISTING DISCOLORATION AND DAMAGE TO SKYLIGHT FROM INTERIOR

11

SKYLIGHT -REPLACEMENT

DESIGN YOUR SKY



290 East 56th Avenue
Denver, CO 80216
303-296-9696
dalyteusa.com

Salesperson: _____

E-Mail: _____

CURB MOUNT SKYLIGHT WORKSHEET

Sold To: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact: _____ Project/PO: _____ E-Mail: _____

QTY.	Outside Curb Dimension (OCD) See Below (In Inches)	Custom Dome Height 20-25% of smaller dimension if not specified	Other Notes
	24"x24" X		
	X		
	X		
	X		

Skylight Type: (Choose One)

- Standard Acrylic Dome
- Optional Acrylic Pyramid
6:12 Standard Slope
- Optional Flat
2:12 Minimum Slope
- Optional Custom Shape

Frame and Retainer Finish:
(Choose One)

- Clear Anodized
- Dark Bronze Anodized
- Custom Frame Finish:

Glazing: (Choose One)

- Standard Double Acrylic Dome**
 - Clear over Clear
 - Bronze over Clear
 - Clear over White
- Optional Single Acrylic Dome**
 - Clear Bronze White
- Optional:
 - Flat Insulated Glass Standard: Low-E Clear
 - Optional Bronze
 - Custom: _____
 - Flat Multiwall Translucent Polycarbonate Panel Standard: 16mm (5/8")
 - Clear Opal (White)
 - Bronze Custom: _____
- Optional:
 - 25mm (1") 3 Wall
 - 25mm (1") 7 Wall

OSHA Fall-Guard Protection:

- YES: Include Optional Custom OSHA Fall-Guard Protection.
- NO: OSHA Fall-Guards NOT Needed Because There Are Other Types of OSHA Fall Protection By Others.

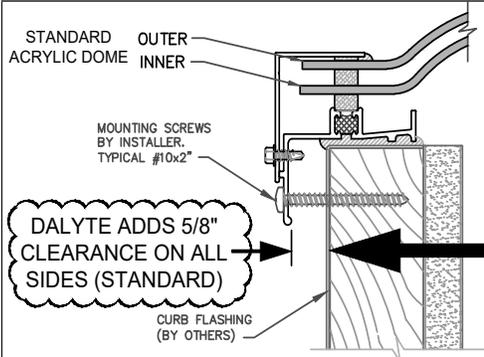
Initial _____

Optional Dome Upgrade:

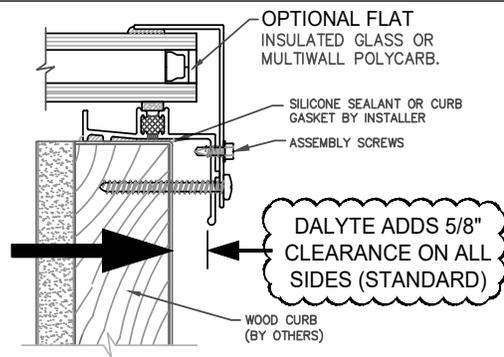
- High Impact (Outer Dome)
 - Clear White

Installation Supplies:

- Installation Kit
-3/4" Wide x 1/4" High x 35' Long Curb Gasket, and
-(20) #10x2" PPH SMS Installation Screws



**OUTSIDE CURB
DIMENSION (OCD)**



Approved By: _____

Date: _____

Specifications: Skylight as manufactured by DalYTE Denver Colorado. Units consist of an extruded aluminum 6063-T6. Inner frame (0.070") with a polyurethane thermal-break to reduce thermal transfer throughout the aluminum frame, and to minimize condensation in the interior frame. Outer frame (0.060") thick. Skylights are constructed to withstand 40 P.S.F. downward, and 20 P.S.F. outward loading and constructed to minimize air infiltration with provisions for adequate moisture weeping to exterior. Dome units shall consist of an acrylic thermal-formed free blown dome(s) in industry standard thickness as determined by overall size with peel-off protective film. Glass units shall be constructed of sealed insulated glass units with tempered outer lite, and laminated inner lite.

Note: Condensation is not a skylight defect, it is a result of atmospheric conditions inside and outside of the building. Skylights are designed to structurally account for expansion and contraction. Occasionally there may be audible popping noises especially with acrylic domes. All skylight glazing (transparent material) will have minor distortion especially when viewing at an angle. Tolerances are +/- 3/16".

DALYTE Skylights are not designed to support people. OCHA approved safety devices are to be used around skylight for personal safety. This worksheet will supersede all details on quotation - Please double check for accuracy.

v. 092222

SKYLIGHT -REPLACEMENT

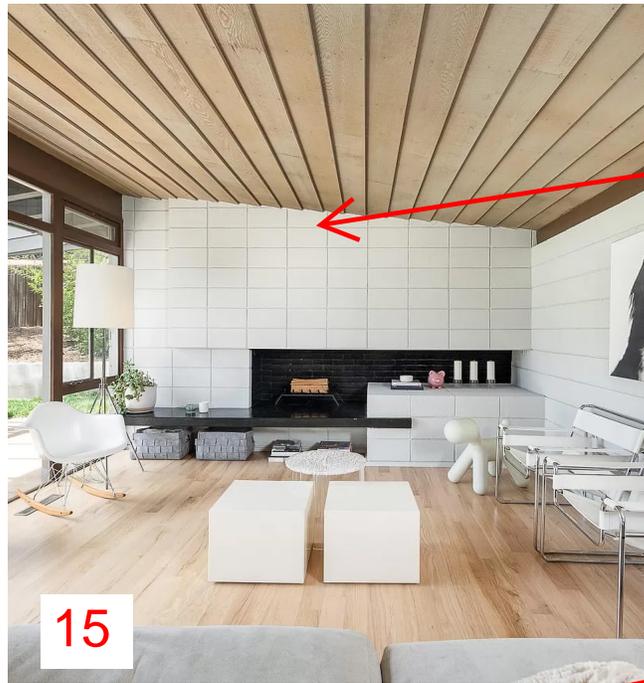


NEW SKYLIGHT FROM
INTERIOR



NEW SKYLIGHT FROM
EXTERIOR

FIREPLACE DAMPER



APPROXIMATE LOCATION OF EXISTING BROKEN DAMPER INSIDE CHIMNEY FLUE

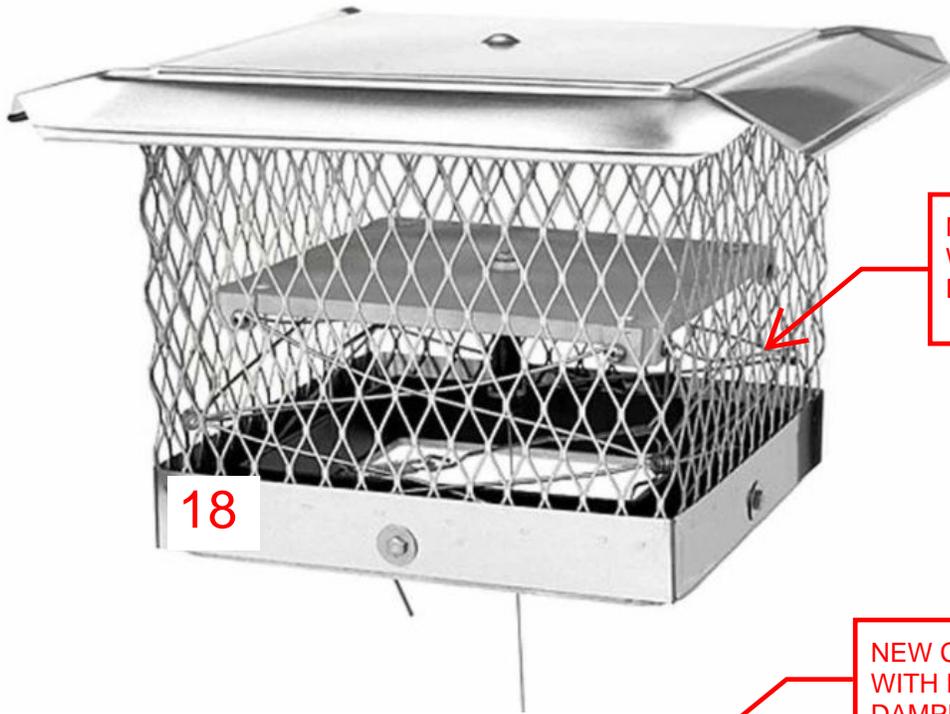


EXISTING CHIMNEY CAP



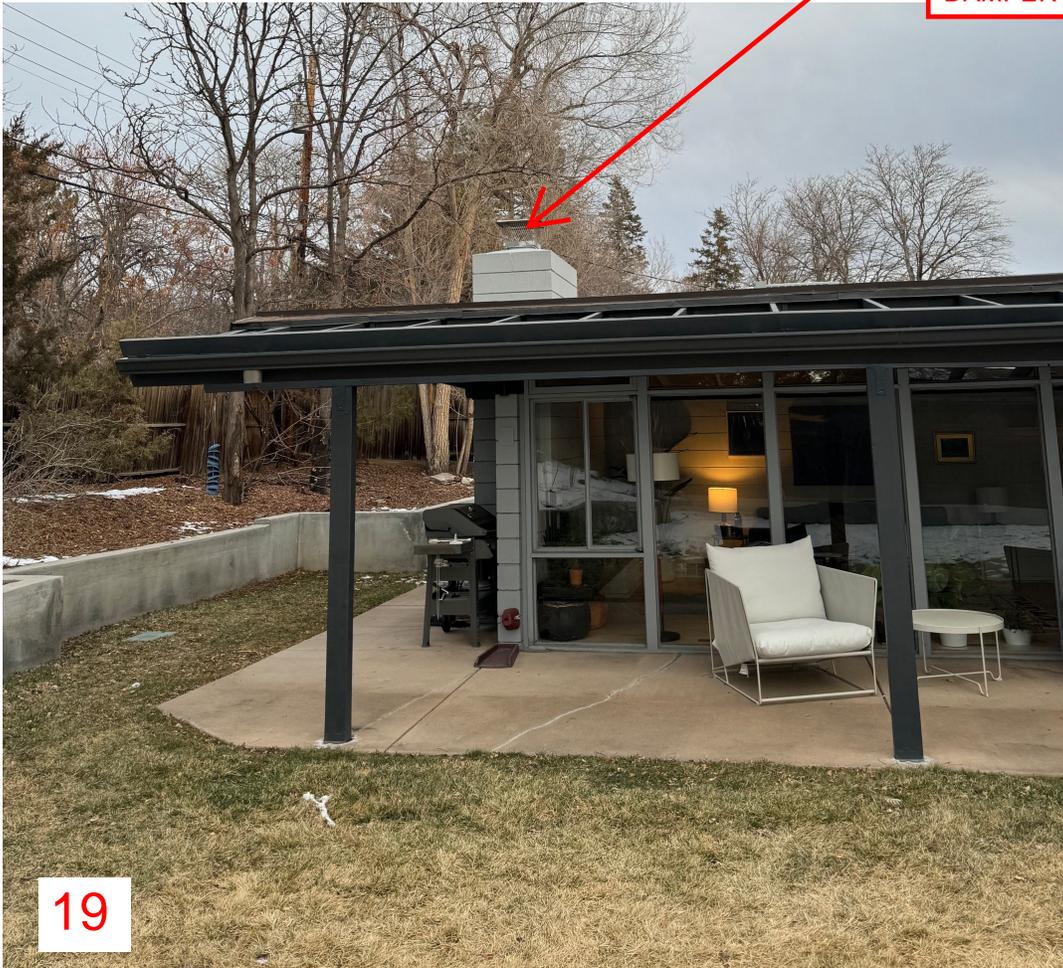
BROKEN DAMPER INSIDE CHIMNEY FLUE

FIREPLACE DAMPER



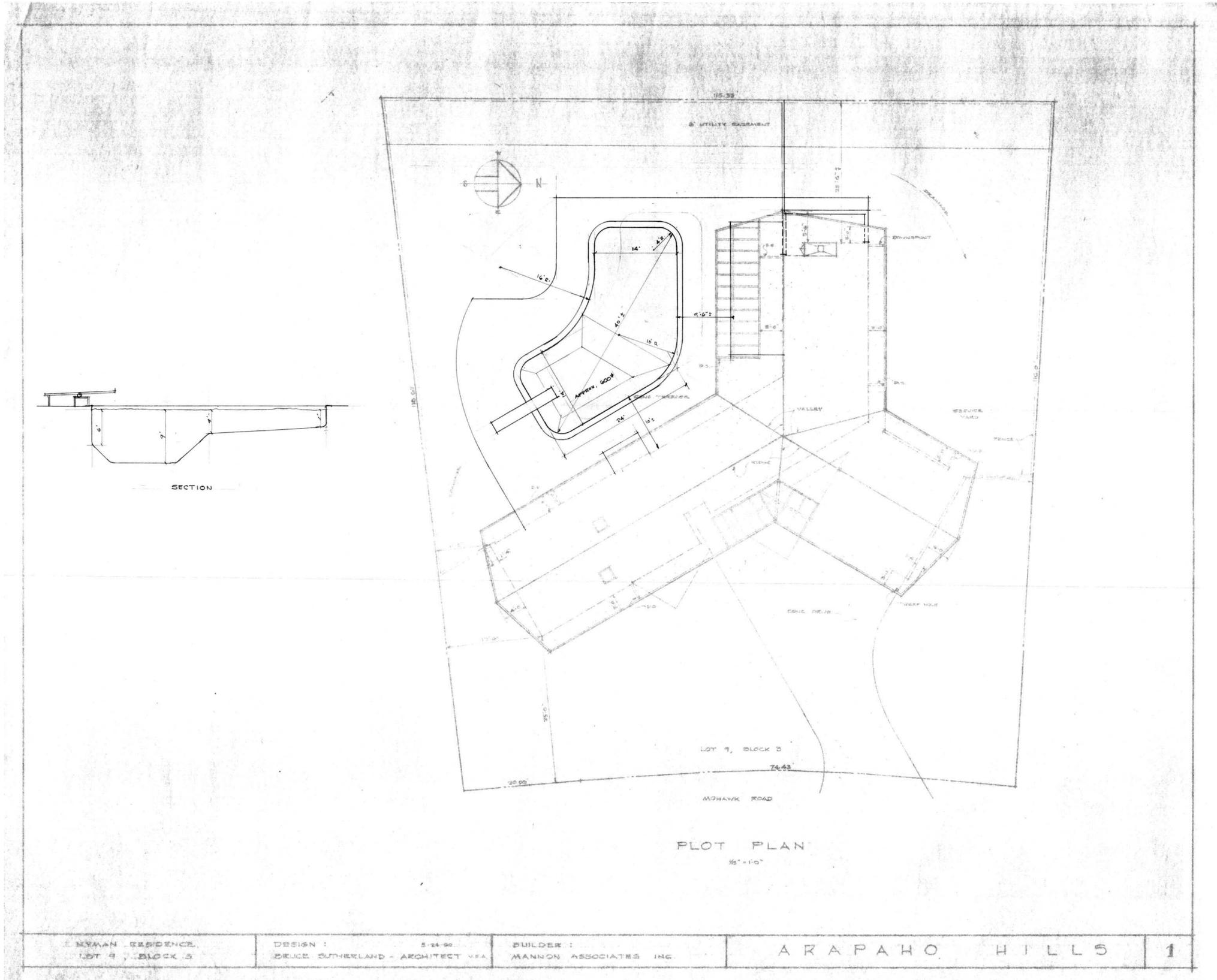
18

NEW CHIMNEY CAP WITH INTEGRATED DAMPER



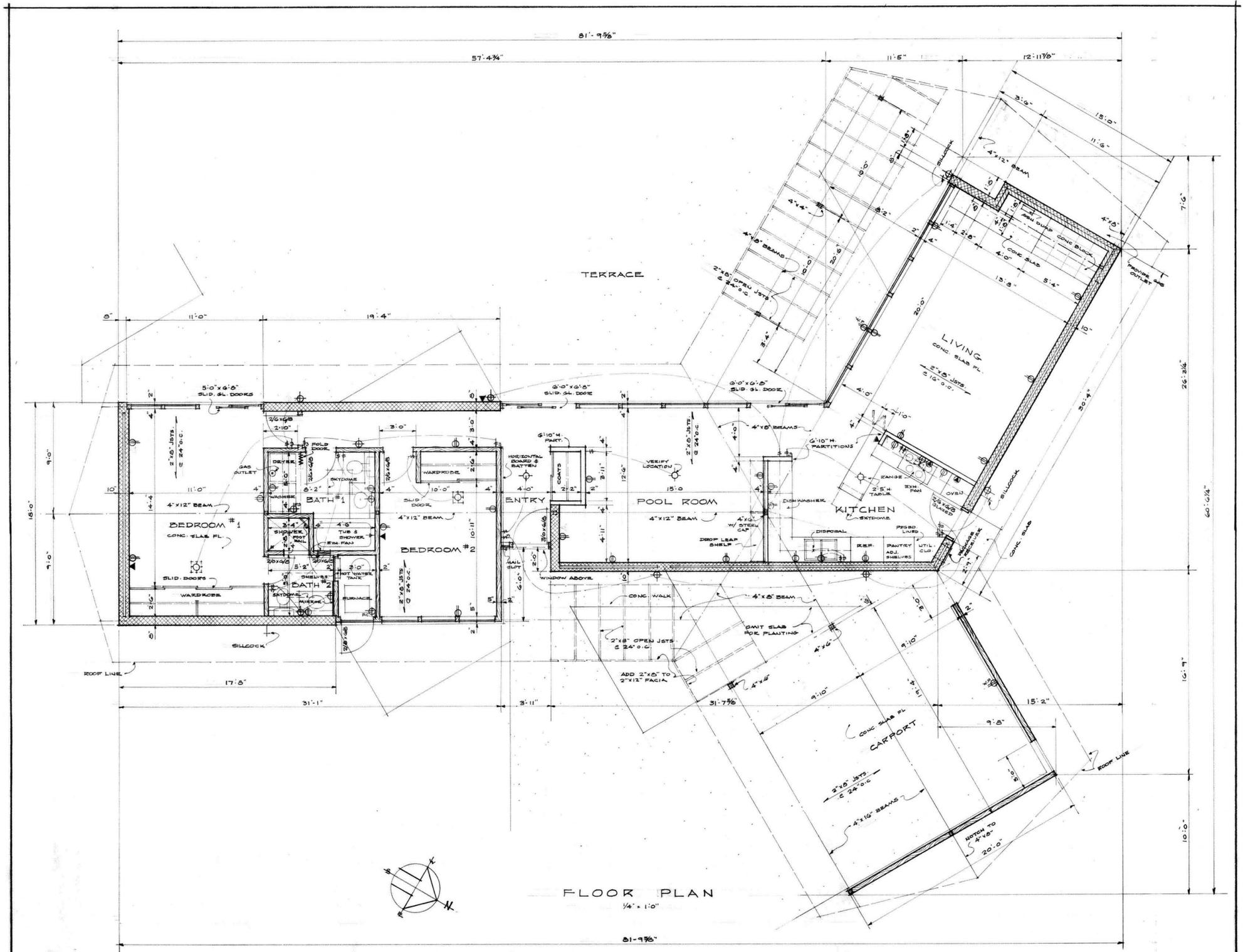
19

LOT 9 BLOCK 3 (5475 MOHAWK)



E. NYMAN RESIDENCE, LOT 9, BLOCK 3	DESIGN : BRUCE SUTHERLAND - ARCHITECT V.P.A.	5-24-90 BUILDER : MANNON ASSOCIATES INC.	ARAPAHO HILLS	1
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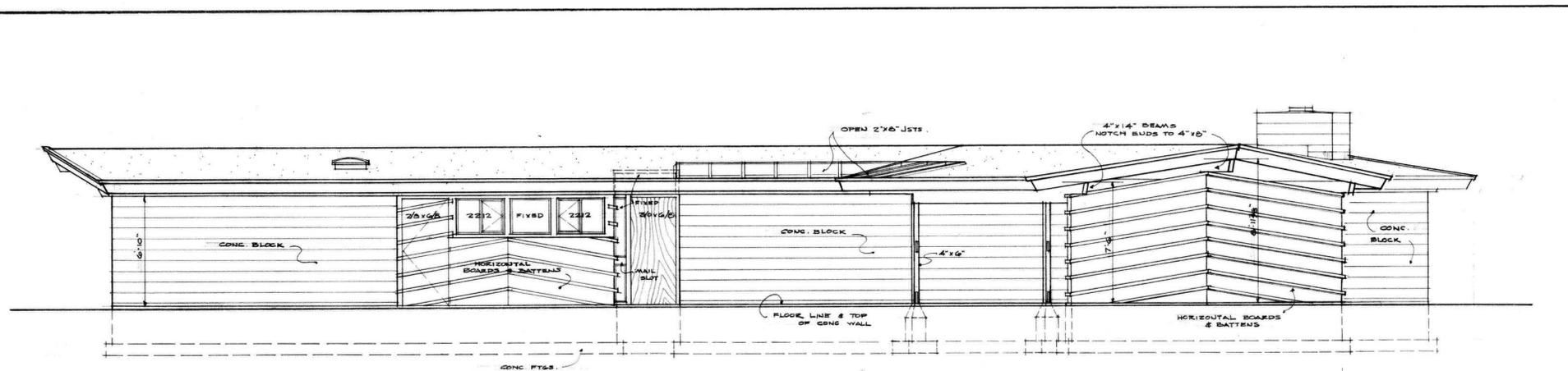
**It is the user's responsibilities to verify the information presented in the drawings.



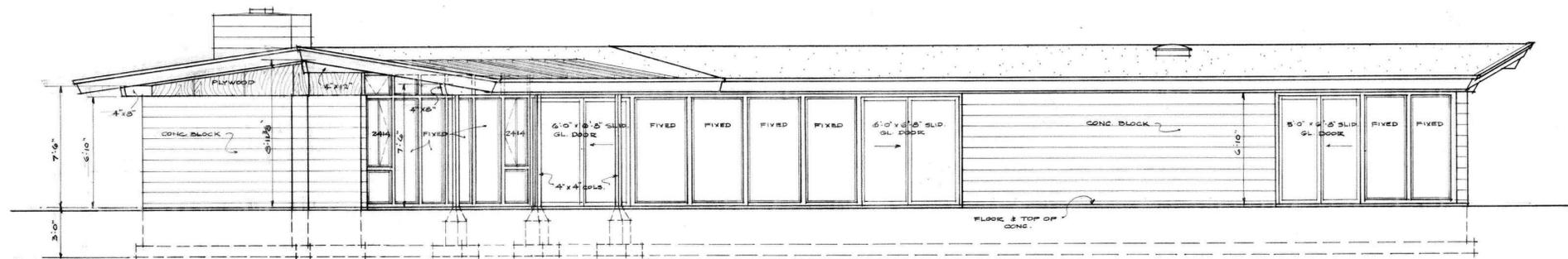
FLOOR PLAN
1/4" = 1'-0"

NYMAN RESIDENCE LOT 9, BLOCK 3	DESIGN : 5-24-60 BRUCE SUTHERLAND - ARCHITECT v.a.	BUILDER : MANNON ASSOCIATES INC.	ARAPAHO HILLS	3
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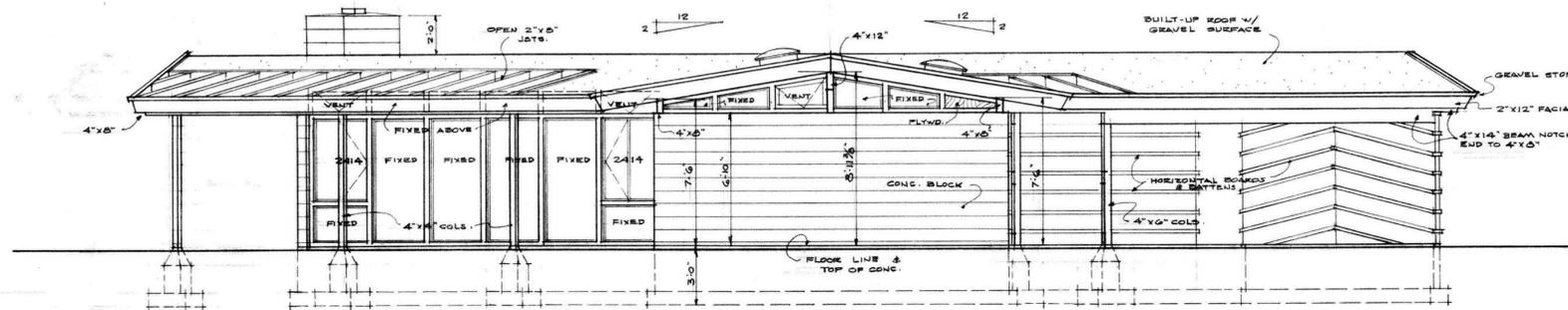
*It is the user's responsibilities to verify the information presented in the drawings.



NORTH - EAST ELEVATION
1/4" = 1'-0"



SOUTH - WEST ELEVATION
1/4" = 1'-0"



SOUTH - EAST ELEVATION
1/4" = 1'-0"

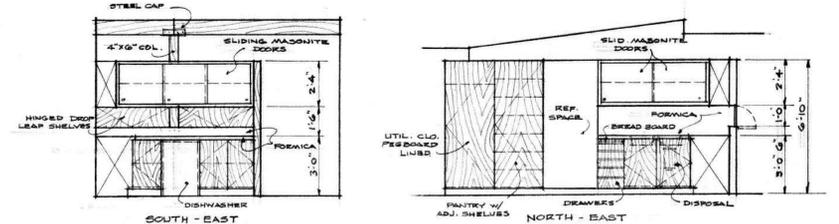
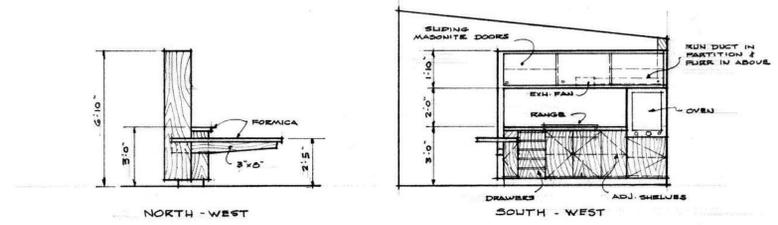
NYMAN RESIDENCE
LOT 9, BLOCK 3

DESIGN : 5-24-60
BRUCE SUTHERLAND - ARCHITECT v.p.a.

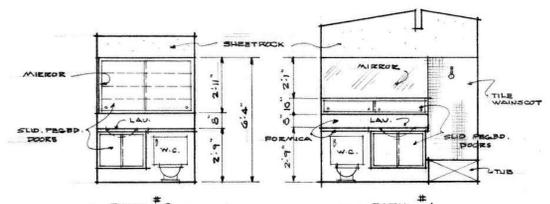
BUILDER :
MANNON ASSOCIATES INC.

ARAPAHO HILLS

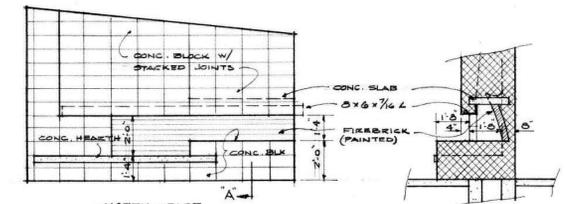
4



KITCHEN ELEVATION
1/4" = 1'-0"

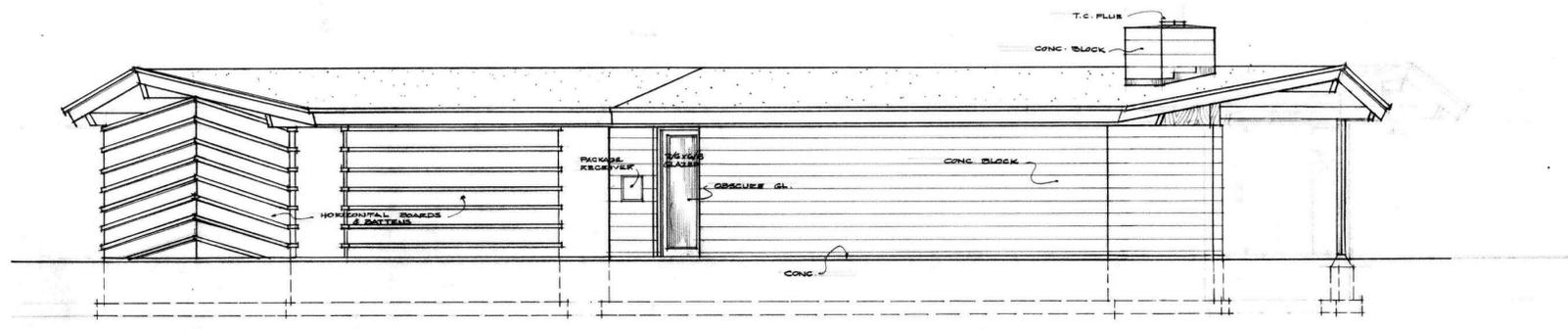


BATH ELEV.
1/4" = 1'-0"



FIREPLACE ELEV.
1/4" = 1'-0"

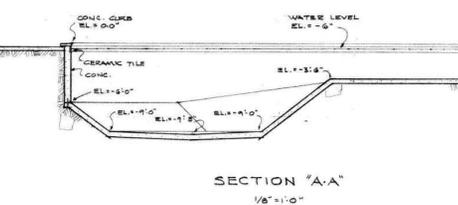
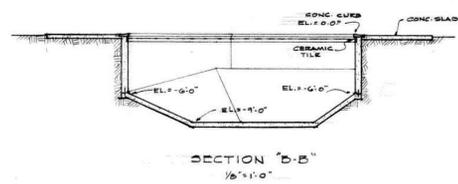
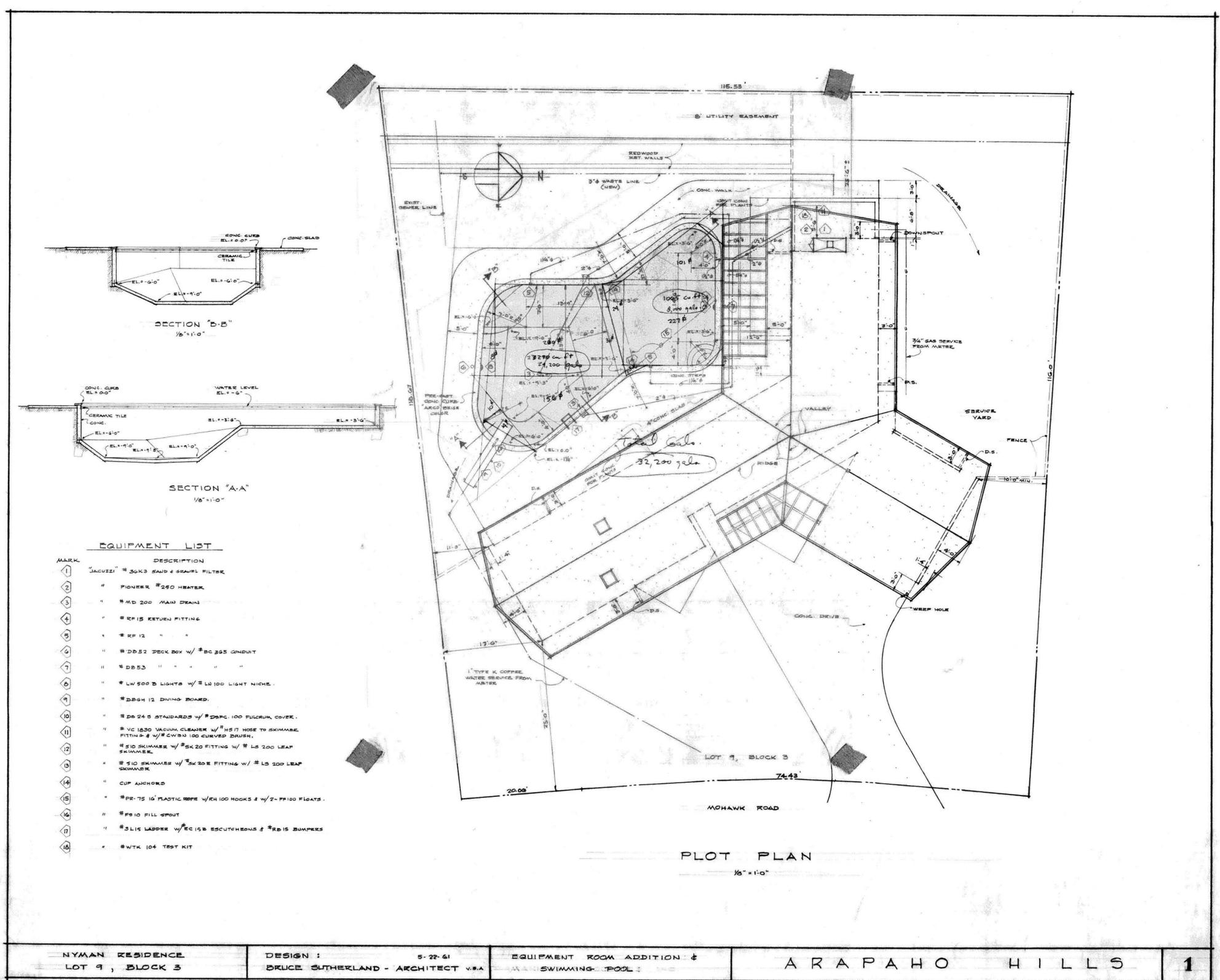
SECTION "A-A"



NORTH - WEST ELEVATION
1/4" = 1'-0"

NYMAN RESIDENCE LOT 9, BLOCK 3	DESIGN : BRUCE SUTHERLAND - ARCHITECT v.p.a.	B. 24-60 8.24.60 BUILDER : MANNON ASSOCIATES INC.	AKAPAHOHILLS	5
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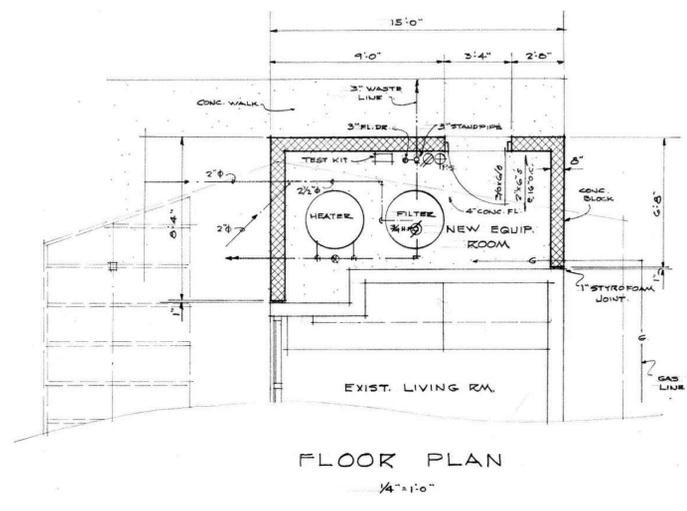
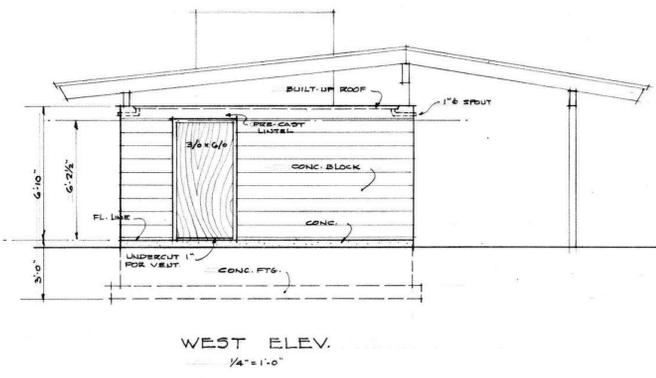
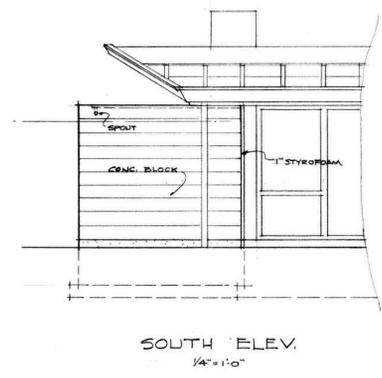
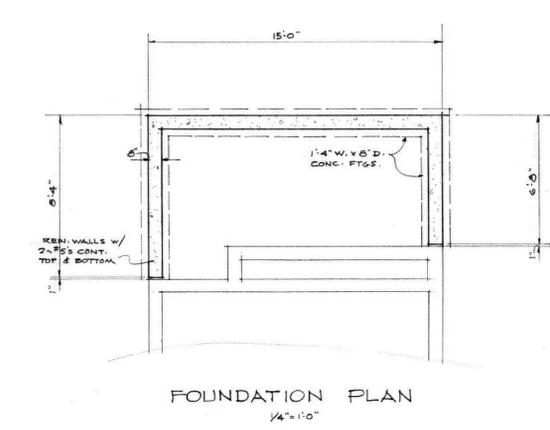
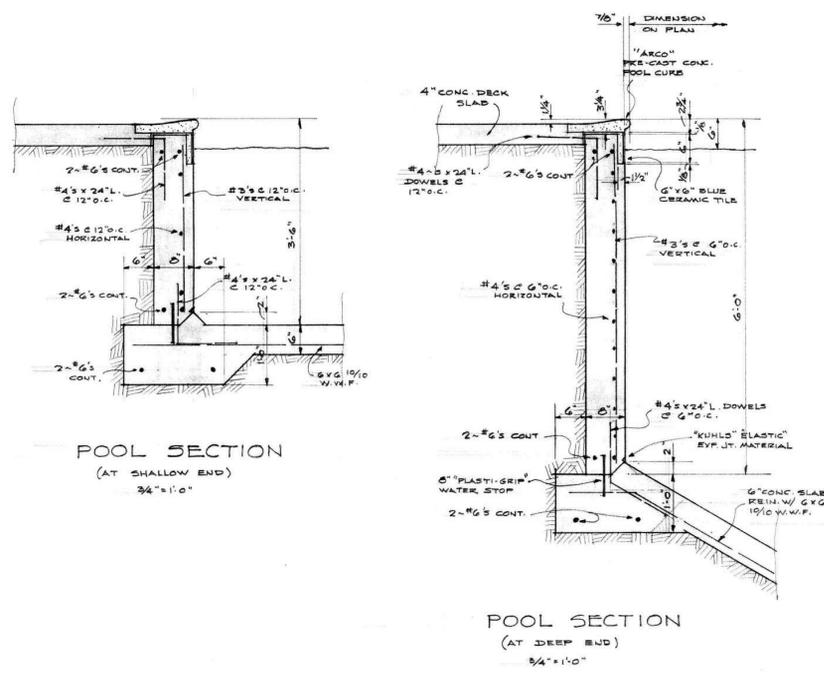


EQUIPMENT LIST

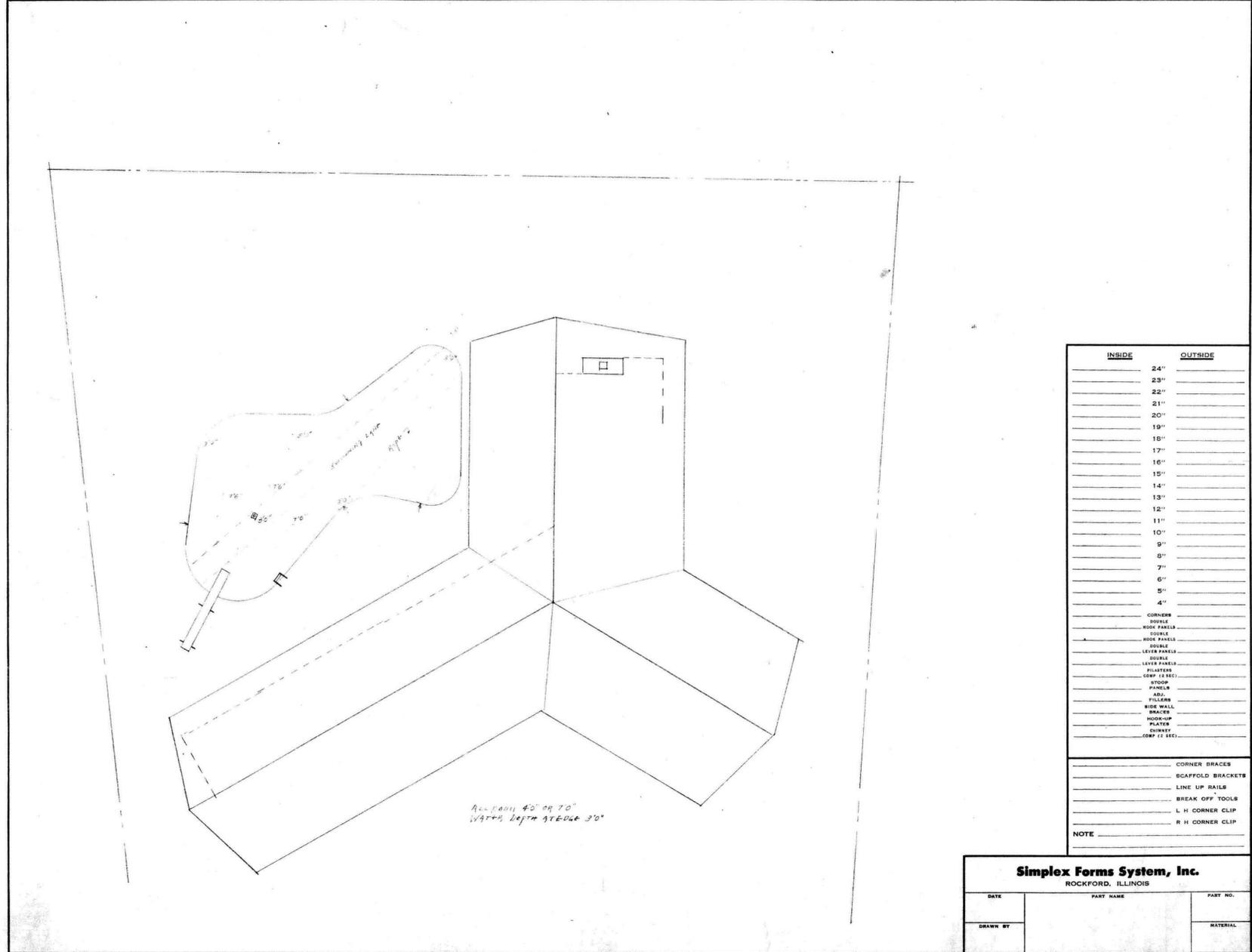
MARK	DESCRIPTION
1	"JACUZZI" # 36K3 SAND & SEWAGE FILTER
2	" PIONEER #280 HEATER
3	" #MD 200 MAIN DRAIN
4	" #RP15 RETURN FITTING
5	" #RP 12 " "
6	" #DB52 DECK BOX W/ #BC 885 CONDUIT
7	" #DB53 " " " "
8	" #LW 500 B LIGHTS W/ #LH 100 LIGHT NICHE
9	" #DBSH 12 DIVING BOARD
10	" #DP 24 S STANDARDS W/ #DPRC 100 FULCRUM COVER
11	" #VC 1230 VACUUM CLEANER W/ #HS 17 HOSE TO SKIMMER FITTING & W/ #CWB 100 CURVED BRUSH
12	" #S10 SKIMMER W/ #SK 20 FITTING W/ #LS 200 LEAF SKIMMER
13	" #S10 SKIMMER W/ #SK 20 E FITTING W/ #LS 200 LEAF SKIMMER
14	" CUP ANCHORS
15	" #PR-75 16' PLASTIC ROPE W/ KH 100 HOOKS & W/ 2-PP100 FLOATS
16	" #PS10 FILL SPOUT
17	" #S15 LADDER W/ #EC 158 ESCUTCHEONS & #RD15 BUMPS
18	" #WTK 104 TEST KIT

NYMAN RESIDENCE LOT 9, BLOCK 3
 DESIGN : BRUCE SUTHERLAND - ARCHITECT V.P.A. 5-22-61
 EQUIPMENT ROOM ADDITION & SWIMMING POOL
 ARAPAHO HILLS 1

*It is the user's responsibility to verify the information presented in the drawings.



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Simplex Form System, Inc.
ROCKFORD, ILLINOIS

DATE	PART NAME	PART NO.
DRAWN BY		MATERIAL













木曜日
25
11月























25







