

**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.	Architectural Feature: Describe feature and its condition:	Describe work/impact on feature:
Photo no.	Drawing no.	
2.	Architectural Feature: Describe feature and its condition:	Describe work/impact on feature:
Photo no.	Drawing no.	
3.	Architectural Feature: Describe feature and its condition:	Describe work/impact on feature:
Photo no.	Drawing no.	

DESCRIPTION OF REHABILITATION (continued)

	Architectural Feature: Describe feature and its condition:	Describe work/impact on feature:
Photo no.	Drawing no.	
	Architectural Feature: Describe feature and its condition:	Describe work/impact on feature:
Photo no.	Drawing no.	
	Architectural Feature: Describe feature and its condition:	Describe work/impact on feature:
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: Patrick Gibbons Date: _____





