CONNECTICUT HISTORIC HOMES REHABILITATION TAX CREDIT PROGRAM

PART 2 APPLICATION AMENDMENT FORM

Building Address: _____

Date Part 2 application (Request for Certification of Proposed Rehabilitation Work) approved _____

Project # _____

Amendment involves:  □ Adding work item  □ Deleting work item  □ Modifying existing work item

Attachments:  □ Photographs □ Architectural drawings □ Specifications □ Other data, specify:_____  

DESCRIPTION OF REHABILITATION WORK

Instructions: Describe change(s) to the Part 2 application. Refer to application item number(s). Number each amendment. Indicate budget changes. Use continuation sheets if required.

Number 1

Owner name ________________________________________________________
Organization  _______________________________________________________
Address: Street _______________________________________________________
                  Town __________________________________ State _____ Zip _________
Telephone # ______________________________________ FEIN, or CT Tax Registration # __________________

Signature of Owner _______________________________________________ Date __________________

OFFICE USE ONLY

□ Amendment(s) # _____________ described herein meet(s) the Standards for Rehabilitation.

□ Amendment(s) # _____________ described herein does (do) not meet the Standards for Rehabilitation. Comments attached.

____________________________________________________ Date ________________
Authorized signature
Department of Economic and Community Development