



Department of Economic and  
Community Development

State Historic Preservation Office

**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