



ARKANSAS HISTORIC PRESERVATION PROGRAM

DEPARTMENT OF ARKANSAS HERITAGE
MAJOR ARKANSAS HISTORIC PRESERVATION PROGRAM

HISTORIC PRESERVATION CERTIFICATION APPLICATION PART 2 – DESCRIPTION OF REHABILITATION

AHPP Office Use Only

AHPP No:

AHPP Office Use Only

Project No:

Instructions: Read the instructions carefully before completing the applications. No certifications will be made unless a completed application form has been received. Type or print clearly in black ink. If additional space is needed, use continuation sheets or attach blank sheets. A copy of this form may be provided to the Arkansas Department of Finance and Administration. The decision by the AHPP with respect to certification is made on the basis of the descriptions in this application form. In the event of any discrepancy between the application form and other, supplementary material submitted with it (such as architectural plans, drawings, and specifications), the application form shall take precedence.

1. Name of Property: _____

Address of Property: Street _____

City _____ County _____ State _____ Zip _____

Listed individually in the National Register of Historic Places; give date of listing: _____

Located in a Registered Historic District; specify: _____

Has a Part 1 Application (Evaluation of Significance) been submitted for this project? yes no

If yes, date Part 1 submitted: _____ Date of certification: _____ AHPP Project Number: _____

2. Data on building and rehabilitation project:

Date building constructed: _____ Total number of housing units before rehabilitation: _____

Type of construction: _____ Number that are low-moderate income: _____

Use(s) before rehabilitation: _____ Total number of housing units after rehabilitation: _____

Proposed use(s) after rehabilitation: _____ Number that are low-moderate income: _____

Estimated cost of rehabilitation: _____ Floor area before rehabilitation: _____

Project start date (est.): _____ Floor area after rehabilitation: _____

Completion date (est.): _____

3. Project contact:

Name _____

Street _____ City _____

State _____ Zip _____ Daytime Telephone Number _____

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4. Owner:

I hereby attest that the information I have provided is, to the best of my knowledge, correct, and that I own the property described above.

Name _____ Signature _____ Date _____

Organization _____

Social Security or Taxpayer Identification Number _____

Street _____ City _____

State _____ Zip _____ Daytime Telephone Number _____

Email Address _____

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The Arkansas Historic Preservation Program has reviewed the "Historic Certification Application – Part 2" for the above-named property and has determined:

- That the rehabilitation described herein is consistent with the historic character of the property or the district in which it is located and that the project meets the Secretary of the Interior's "Standards for Rehabilitation." This letter is a preliminary determination only, since a format certification of rehabilitation can be issued only to the owner of a "certified historic structure" after rehabilitation work is completed.
- That the rehabilitation or proposed rehabilitation will meet the Secretary of the Interior's "Standards for Rehabilitation" if the attached conditions are met.
- That the rehabilitation described herein is not consistent with the historic character of the property or the district in which it is located and that the project does not meet the Secretary of the Interior's "Standards for Rehabilitation." A copy of this form may be provided to the Arkansas Department of Finance and Administration.

_____ Date

_____ AHPP Authorized Signature

_____ AHPP Office/Telephone No.

- See Attachments

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Number 4	Architectural feature: _____ Approximate Date of feature: _____	Describe work and impact on existing feature:
Describe existing feature and its condition: Photo no. _____ Drawing no. _____		
Number 5	Architectural feature: _____ Approximate Date of feature: _____	Describe work and impact on existing feature:
Describe existing feature and its condition: Photo no. _____ Drawing no. _____		
Number 6	Architectural feature: _____ Approximate Date of feature: _____	Describe work and impact on existing feature:
Describe existing feature and its condition: Photo no. _____ Drawing no. _____		

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Number 7	Architectural feature: _____
	Approximate Date of feature: _____
	Describe existing feature and its condition:
Photo no. _____ Drawing no. _____	

Describe work and impact on existing feature:

Number 8	Architectural feature: _____
	Approximate Date of feature: _____
	Describe existing feature and its condition:
Photo no. _____ Drawing no. _____	

Describe work and impact on existing feature:

Number 9	Architectural feature: _____
	Approximate Date of feature: _____
	Describe existing feature and its condition:
Photo no. _____ Drawing no. _____	

Describe work and impact on existing feature:

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Number 10	Architectural feature: _____
	Approximate Date of feature: _____
	Describe existing feature and its condition:
Photo no. _____ Drawing no. _____	

Describe work and impact on existing feature:

Number 11	Architectural feature: _____
	Approximate Date of feature: _____
	Describe existing feature and its condition:
Photo no. _____ Drawing no. _____	

Describe work and impact on existing feature:

Number 12	Architectural feature: _____
	Approximate Date of feature: _____
	Describe existing feature and its condition: _____
Photo no. _____ Drawing no. _____	

Describe work and impact on existing feature:

