



ARKANSAS HISTORIC PRESERVATION PROGRAM

DEPARTMENT OF ARKANSAS HERITAGE MAJOR ARKANSAS HISTORIC PRESERVATION PROGRAM HISTORIC PRESERVATION CERTIFICATION APPLICATION REQUEST FOR CERTIFICATION OF COMPLETED WORK PART 3

AHPP Office Use Only

AHPP No:

Instructions: Upon completion of the rehabilitation, return this form with representative photographs of the completed work (both exterior and interior views) to the appropriate reviewing office. If a Part 2 application has not been submitted in advance of project completion, it must accompany the Request for Certification of Completed Work. A copy of this form may be provided to the Arkansas Department of Finance and Administration. Type or print clearly in black ink. The decision of the Arkansas Historic Preservation Program 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 _____

Is property a certified historic structure? yes no If yes, date of certification by NPS: _____

or date of listing in the National Register: _____

2. **Data on rehabilitation project:**

AHPP assigned rehabilitation project number: _____

Project starting date: _____

Rehabilitation work on this property was completed and the building placed in service on: _____

Estimated costs attributed solely to rehabilitation of the historic structure: \$ _____

Estimate costs attributed to new construction associated with the rehabilitation, including additions, site work, parking lots, landscaping: \$ _____

REQUEST FOR CERTIFICATION OF COMPLETED WORK PART 3: 3

AHPP Office Use Only

AHPP No:

[Empty box for AHPP No.]

REQUEST FOR CERTIFICATION OF COMPLETED WORK, *continued*

_____ AHPP Project No.

Additional Owners:

Name _____

Street _____

City _____ State _____ Zip _____

Social Security or Taxpayer Identification Number: _____

Email _____

Name _____

Street _____

City _____ State _____ Zip _____

Social Security or Taxpayer Identification Number: _____

Email _____

Name _____

Street _____

City _____ State _____ Zip _____

Social Security or Taxpayer Identification Number: _____

Email _____

Name _____

Street _____

City _____ State _____ Zip _____

Social Security or Taxpayer Identification Number: _____

Email Address _____

Name _____

Street _____

City _____ State _____ Zip _____

Social Security or Taxpayer Identification Number: _____

Email Address _____

REQUEST FOR CERTIFICATION OF COMPLETED WORK PART 3: 4

AHPP Office Use Only

AHPNo:

Name _____
Street _____
City _____ State _____ Zip _____
Social Security or Taxpayer Identification Number: _____
Email _____

Name _____
Street _____
City _____ State _____ Zip _____
Social Security or Taxpayer Identification Number: _____
Email _____