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)

INSTRUCTIONS

PART 1 -- PRELIMINARY APPROVAL

Part 1 should be completed prior to start of a restoration, preservation or rehabilitation project for which a taxpayer requests a state income tax credit. (PLEASE NOTE: Work completed prior to obtaining preliminary approval may not qualify for the tax credit. Ask History Colorado for details.) The completed form should be sent to your local government if listed below or to History Colorado if your community is not listed:

Aurora, Black Hawk, Boulder, Castle Rock, Crested Butte, Denver, Durango, Georgetown, Golden, Greeley, La Junta, Lake City, Littleton, Longmont, Manitou Springs, Pagosa Springs, Saguache, Starkville, and Steamboat Springs. **List current as of January 2021** If your community is not listed, send to: History Colorado Office of Archaeology and Historic Preservation 1200 Broadway Denver, CO 80203

- 1. PROPERTY INFORMATION. Provide the name and address, including street, city, county and zip code, as well as the legal description of the property. Provide the name of the historic district if the structure is located within a designated historic district.
- 2. APPLICANT INFORMATION. Provide the name of the taxpayer filing the application. Include the required information for both business and residence as well as the taxpayer identification number or social security number of the applicant. 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 the owner is someone other than the applicant, include this information. If it is the same, write "same."
- 4. PROJECT CONTACT. Specify the contact person for the project (may be applicant, owner, or a third party).
- 5. PROPERTY DESCRIPTION. Provide a brief description of the property. Include a description of the exterior and any significant interior details: number of stories, basic floor plan, construction materials and details. Also describe distinctive architectural features, such as hardware, woodwork and trim, stairways and fireplaces.
- 6. PHOTOGRAPHS OF THE BUILDING. Provide photographs to adequately show <u>all sides</u> of the structure(s)as well as close up photographs showing details. Interior photographs are also required for any interior rehabilitation work that will be claimed for tax credit. Photos must be at least 3" x 5" and may be either black & white or color.
- 7. DESCRIPTION OF PROPOSED REHABILITATION/PRESERVATION WORK. In the numbered blocks, provide a description of the project. A separate block should be used to describe work on a specific feature (use as many additional sheets as necessary). Describe each feature and include its present condition, then describe the proposed work and the impact to the feature. Include labeled and numbered photographs of each feature. Use as many blocks as needed to completely describe the entire project. Examples of such features are: stairways, windows, doors, roofing, chimneys, floors, exterior and interior finishes, major spaces, etc. Drawings, if available, must be keyed to the descriptions. All proposed work on the project must be described, whether or not it is a qualified cost for the credit. For example, neither additions nor landscaping costs are allowable for the credit, nevertheless proposed additions and landscaping should be described.

- 8. COST ESTIMATE OF PROPOSED WORK. To the best of your knowledge, provide an estimate of the costs of the proposed work. List separate costs as closely as possible to the features described in No. 7 of this application; however, only qualified costs on qualified rehabilitation work need be itemized. In addition to providing the total for qualified costs, include an estimate of the total cost of the entire project, including the cost of work that does not qualify for the tax credit such as additions, landscaping, site work, architect fees, etc.
- 9. PROJECT STARTING DATE AND PROJECT COMPLETION DATE.
- 10. APPLICANT'S SIGNATURE. Provide signatures of all taxpayers claiming the credit (use additional sheets if necessary).
- 11. PAYMENT. Please be sure to pay the review fee, if necessary (refer to Publication 1322b for more details).

PART 2 -- FINAL APPROVAL

Part 2 must be submitted within <u>60 days</u> of the completion of the project. The completed form should be sent to your local government if listed below or to History Colorado if your community is not listed:

Aurora, Black Hawk, Boulder, Castle Rock, Crested Butte, Denver, Durango, Georgetown, Golden, Greeley, La Junta, Lake City, Littleton, Longmont, Manitou Springs, Pagosa Springs, Saguache, Starkville, and Steamboat Springs. **List current as of January 2021** If your community is not listed, send to:
History Colorado
Office of Archaeology and
Historic Preservation
1200 Broadway

Denver, CO 80203

- 1 4. Other than the **name of the property**, which **must be indicated**, these sections should be completed only if the information varies from that provided in Part 1. Wherever the information is the same, write "see Part 1," but **be sure to include all new or differing information** (see Part 1 for instructions).
- 5. PROJECT STARTING DATE AND COMPLETION DATE. Provide accurate starting and completion dates of project under consideration.
- 6. PHOTOGRAPHS OF COMPLETED WORK. Provide numbered and labeled photographs documenting all completed work. The photographs should as clearly as possible show all features described in No. 7 in Part 1. Photographs of the completed features should closely duplicate the "before" photographs provided with Part 1.
- 7. PROJECT COSTS. Provide the actual costs of the completed project for all qualified costs. List costs as closely as possible to the categories used under No. 8 in Part 1. Provide the total of all qualified costs on qualified rehabilitation. Also provide the total cost of the project including non-qualified costs.
- 8. APPLICANT'S SIGNATURE AND DATE. Provide a signature and date for all taxpayers claiming the credit.

PLEASE NOTE: History Colorado recommends that all applicants consult CHS Publication 1322b (Colorado Historic Preservation Income Tax Credit) prior to completing this application. This publication contains information on:

- Eligibility requirements for properties and taxpayers.
- Required review fees and project time limits.
- How to determine which costs are "qualified expenditures," and how to claim the tax credit.
- Frequently asked questions (FAQs) concerning the credit.

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PART 1 -- PRELIMINARY APPROVAL

PROPERTY INFORMATION Name of Property:				
Address:				
City/Town: Colorado Springs	County:	Zip:		
Name of Registered Historic District:				
T 15 12				
Legal Description:				
2 ADDI ICANE DIFORMATION (Assessed als	· · · · · · · · · · · · · · · · · · ·			
2. APPLICANT INFORMATION (taxpayer cla Name:	ilming the credit)			
Type of Entity: Individual				
Partnership: General	Limited			
Corporation: Regular	Subchapter S			
Limited Liability Comp	pany			
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 S	ocial Security Numb	per):		
` ,	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 t	he credit.			
3. OWNER INFORMATION, if applicant is otl	her than owner (if ov	wner 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:			-
	1			
5.	PROPERTY DESCRIPT	TON (see instru	actions):	
	THOTERT DESCRIPT	1011 (000 1115010)		
Or	iginal Date of constructio	n:		
6.	PHOTOGRAPHS OF TH	HE PROPERTY	Y MUST BE INCLUDED (see	instructions)
			ould also be included)	,
	<i>6</i>	, -5		

Photo 1: Main Bedroom double-hung windows



Photo 2: Upstairs Bathroom double-hung window and casement window



Photo 3: 2nd Bedroom double-hung windows

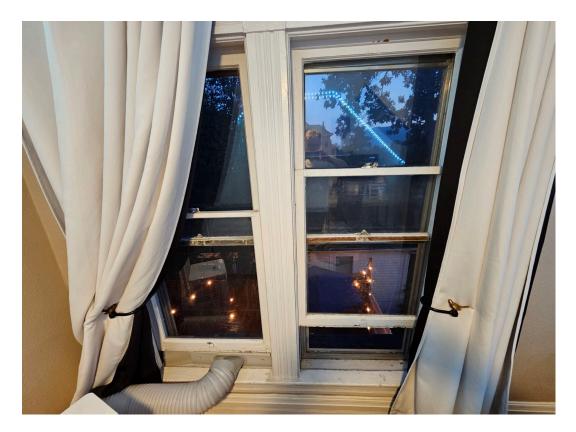


Photo 4: Front of House, main bedroom windows upper level



Photo 5: Right of House, 2nd bedroom windows upper level



Photo 6: Back of House, 2nd floor bathroom windows upper level



Photo 7: Left side of house



7. DESCRIPTION OF REHABILITATION

	Architectural Feature:	Describe work/impact on feature:
1.	Describe feature and its condition:	
Photo no.	Drawing no.	
	Architectural Feature:	Describe work/impact on feature:
2.	Describe feature and its condition:	
Dhatana	D	
Photo no.	Drawing no. Architectural Feature:	Describe work/impact on feature:
3.	Describe feature and its condition:	
DI.	D	
Photo no.	Drawing no.	

DESCRIPTION OF REHABILITATION (continued) Describe work/impact on feature: Architectural Feature: Describe feature and its condition: Photo no. Drawing no. Architectural Feature: Describe work/impact on feature: Describe feature and its condition: Drawing no. Photo no. Architectural Feature: Describe work/impact on feature: Describe feature and its condition:

Drawing no.

Photo no.

Signature:	Date:
claim a state income tax credit for hi qualified tenant with a lease of five of my knowledge, true and correct. I h	istoric rehabilitation. I attest that I am the property's owner or a or more years and that the information I have provided is, to the best of hereby agree to allow representatives of the Reviewing Entity access to d reasonable for the review and approval of this application.
	oval to proceed with the above described work for which I intend to
11. APPLICANT'S SIGNATURE	
10. APPLICATION FEE SUBMITTED:	(refer to Publication 1322b for more details)
PROJECT COMPLETION DATE:	
9. PROJECT STARTING DATE:	
	Estimated total project cost:
	Estimated total qualified costs:
	Estimated total such Cod costs.

CERTIFICATIONS

(for official use only)

Name of Property:		Applicant:									
The Reviewing Entity certifies that this property:											
is individually listed in the State Register of Historic Properties. is a local landmark designated by a certified local government. is located in a historic district that is:											
						on the State	on the State Register of Historic Properties.				
						locally desi	locally designated by a certified local government; and				
this property contributes does not contribute to the significance of the district.											
is not listed in the S local government.	tate Register of	Historic Properties nor is it a lo	ocal landmark designated by a certified								
The Reviewing Entity	y has reviewed t	the application and:									
approves the appli the proposed work.	ication as submi	tted and grants preliminary app	roval authorizing the owner to proceed with								
		conditions stated below and gra the understanding that these co	ants preliminary approval authorizing the onditions shall be met.								
rejects the applicatio	on for the follow	ring reason(s):									
tables the application reconsidered:	on and requests	the following additional inform	nation before the application will be								
Signature:		Reviewing Entity:	Date:								