



Louisiana Historic Rehabilitation
Commercial Tax Credit Application
PART 2 – PROPOSED WORK DESCRIPTION

State Office Use Only
Project No.

Instructions: Please read the instructions carefully before completing the application. No certifications will be made unless a completed application form has been received. All signatures must be ink, scanned images or digital signatures. Typed signatures will not be accepted in any font. If additional space is needed, use a continuation sheet or attach blank sheets. Please refer to the program guidelines for further information (See Tax Incentives at www.Louisianahp.org).

1. Name of Property (only if Individually Listed on the National Register):
Address of Property: Street:
City: Parish: State: LA Zip:

2. Project Contact:
Name:
Address: Street: City: State:
Zip: Phone No.: Email:

3. Ownership:
Initial next to the applicable description of ownership: Individual: Corporation or Partnership:
Name:
Applicant Entity: SSN or TIN
Address: Street: City: State:
Zip: Phone No.: Email:

I hereby certify that the information I have provided is, to the best of my knowledge, correct. I am the owner of the above-described property and/or the duly authorized representative of the owning organization. I acknowledge that the project must demonstrate reviewable progress in 24 months, or the reservation may be forfeited. Projects located in a potential qualifying district require the district to be certified by NPS before the completion of the project. I further acknowledge that the Louisiana Historic Rehabilitation Commercial Tax Credit will sunset periodically and must be renewed. This application will not be accepted unless it has been signed.

Name Signature Date

State Office Use Only:

The Division of Historic Preservation has reviewed the "Part 2-Proposed Work Description" for the property and determined:

The rehabilitation described herein is consistent with the historic character of the property and the district or potential district in which it is located and meets the U.S. Secretary of the Interior's "Standards & Guidelines for Rehabilitation" as proposed as determined by the State Historic Preservation Office. This letter is a preliminary determination only, since a formal certification of rehabilitation can be issued only to the owner of a contributing building after rehabilitation work is completed.

The rehabilitation or proposed rehabilitation will meet the U.S. Secretary of the Interior's "Standards & Guidelines for Rehabilitation" if the attached conditions are met as determined by the State Historic Preservation Office. This letter is a preliminary determination only, since a formal certification of rehabilitation can be issued only to the owner of a contributing building after rehabilitation work is completed. If the project is also pursuing the Federal Historic Tax Credit program, any and all Federal conditions or determinations apply.

The rehabilitation described herein is not consistent with the historic character of the property and the district or potential district in which it is located and the project does not meet the U.S. Secretary of the Interior's "Standards & Guidelines for Rehabilitation" as determined by the State Historic Preservation Office. A copy of this form will be provided to the La. Dept. of Revenue.

Denied due to a lack of information.

See letter See Conditions Sheet

Tax Credit Reservation

- 1. Reservation amount requested:
2. Reservation amount approved:
3. If full reservation request is not available, indicate circumstances:
4a. Pro Rata Award
4b. Reservation Will Be Considered Applied for on

Reviewer

Authorized Signature: Director of Louisiana Division of Historic Preservation or Authorized Designee Office Telephone No. (225) 342-8200



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**PART 2 – Continued**

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**4. Rehabilitation Information:**

Estimated project start date: \_\_\_\_\_ Estimated placed-in-service date: \_\_\_\_\_

Estimated Qualifying Rehabilitation Expenditures: \_\_\_\_\_

**The project review fee is based on the Estimated Qualified Rehabilitation Expenditures. Once the application is received, an invoice will be sent for payment. See below for part 2 fee schedule.**

Qualified Rehabilitation Expenditures (QREs)	Part 2 fee, based on estimated cost of rehabilitation
Up to \$100,000	\$250
\$100,001 - \$500,000	\$250
\$500,001 - \$1 million	\$500
\$1,000,001 - \$3 million	\$1,000
\$3,000,001 - \$6 million	\$2,000
\$6,000,001 - \$15 million	\$3,500
\$15,000,001 +	\$5,000

Is the project phased?  Yes  No If yes, no. of phases: \_\_\_\_\_

*If the project is estimated to exceed 24 months, the project must be phased. Separate Part 2 applications should be submitted for each phase.*

Current Building Use(s): \_\_\_\_\_ Proposed Building Use(s): \_\_\_\_\_

Current / Proposed Number of Housing Units: \_\_\_\_\_ / \_\_\_\_\_ Current / Proposed Number of Low- or Moderate-Income Housing Units: \_\_\_\_\_ / \_\_\_\_\_

Has a Federal Historic Rehabilitation Tax Credit application been submitted for this project? Yes No NPS Project #: \_\_\_\_\_

**5. Tax Credit Reservation**

**If this is a phased project, include only the eligible costs and expenses associated with this phase.**

**Reservations are limited to ONE per phase. Subsequent phases must be submitted on separate forms.**

Will this project, to the best of your knowledge, demonstrate reviewable progress within twenty-four (24) months of the reservation approval? YES NO

Amount of Tax Credit Reservation Requested \$

Estimated Eligible Costs and Expenses x 0.25 (or 0.35 for rural areas) = Tax Credit Reservation Request.

*If the project is expected to incur at least \$500,000 of eligible costs and expenses, you must complete the "Eligible Costs and Expenses Form" completed by a Certified Public Accountant on the following page. Reservation requests will not be approved without required estimated costs and expenses.*

**6. Additional documentation:**

A proposed floorplan MUST be attached. If replacement of windows, doors, floors, or other materials are proposed, specification sheets for the proposed windows or materials MUST be provided. Any notes on the plans or construction documents are secondary to the written work description and must be included in the written work description for review.

**Eligible Costs and Expenses Form (Prepared by a Certified Public Accountant)**

CATEGORY	ESTIMATED TOTAL COSTS AND EXPENSES	ESTIMATED INELIGIBLE COSTS AND EXPENSES	ESTIMATED ELIGIBLE COSTS AND EXPENSES
<b>1. Acquisition Costs</b>			
Land & Building			
Title & Recording			
<b>Total Acquisition Costs</b>			

<b>2. Construction Costs</b>			
Construction Contract			
Other Construction Costs			
<b>Total Construction Costs</b>			

<b>3. Development &amp; Construction Soft Costs</b>			
Accounting Fees			
Appraisal & Market Study			
Architect Fees			
City Agencies/Fire Marshal/Permits & Fees			
Development Fees			
Environmental / Exterior Envelope			
Financing Fees			
Interest During Construction			
Reserves - Lease-Up/Working Capital			
Legal			
Miscellaneous			
Survey/Engineering			
R/E Taxes and Insurance			
Furniture, Fixtures & Equipment			
<b>Total Development &amp; Construction Soft Costs</b>			

<b>Total Development Costs</b>			
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State Credit Rate **25%**  
(35% rural)

State Historic Tax Credit Reservation Requested \$  

\*This schedule is prepared for the purposes of satisfying the requirements of R.S. 47:6019(e) and all associated regulations. While the final amount of costs actually incurred (in the aggregate and within each line item) may vary materially from the amounts shown, the estimates contained herein are represented to be reasonable as of the date hereof.

Name of Certified Public Accountant:	Name of Applicant:
Certificate Number:	Project Number:
Authorized Signature:	Authorized Signature:
Date:	Date:

**All sections highlighted in gold MUST be completed; if there is no dollar amount associated with a particular section, enter \$0.**



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Number \_\_\_\_\_ Feature \_\_\_\_\_ Date of Feature: \_\_\_\_\_

Describe existing feature and its condition:

Photo Numbers \_\_\_\_\_

Drawing Numbers \_\_\_\_\_

Describe work and impact on feature:

Number \_\_\_\_\_ Feature \_\_\_\_\_ Date of Feature: \_\_\_\_\_

Describe existing feature and its condition:

Photo Numbers \_\_\_\_\_

Drawing Numbers \_\_\_\_\_

Describe work and impact on feature:

Number \_\_\_\_\_ Feature \_\_\_\_\_ Date of Feature: \_\_\_\_\_

Describe existing feature and its condition:

Photo Numbers \_\_\_\_\_

Drawing Numbers \_\_\_\_\_

Describe work and impact on feature: