

## **PART 2 APPLICATION: CERTIFICATION OF COMPLETED WORK**

### **STATE INCOME TAX CREDIT FOR REGISTERED CULTURAL PROPERTIES**

*(Pursuant to the Income Tax Act and the Corporate Income Tax Act, Section 7-2-18.2 and section 7-2A-8.6, NMSA 1978 respectively.)*

***Please Note:*** Part 2 Applications must be approved at a scheduled meeting of the Cultural Properties Review Committee (CPRC.) The completed application must include all items requested in order to be considered. Send the completed application to:

NM Historic Preservation Division  
Department of Cultural Affairs  
407 Galisteo Street, Suite 236  
Santa Fe, NM 87501

*Property owners are strongly encouraged to send applications 30 days before the posted CPRC meeting date on our website <http://www.nmhistoricpreservation.org/> Applications must be in our office 14 days prior to the CPRC meeting.*

### **1. PROPERTY IDENTIFICATION**

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Vicinity (if rural): \_\_\_\_\_

State Register District or Individual Listing Name: \_\_\_\_\_

SR# \_\_\_\_\_ (State Register Number for district or individual listing)

County: \_\_\_\_\_

### **2. OWNER IDENTIFICATION**

Name(s): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone number(s) with area code(s): \_\_\_\_\_

Taxpayer Identification Number(s) or last 4 digits of Social Security Number(s): \_\_\_\_\_

Email addresses: \_\_\_\_\_

**3. PROJECT STARTING DATE AND COMPLETION DATE**

Actual start date: \_\_\_\_\_

Actual completion date: \_\_\_\_\_

**4. PROJECT COSTS**

Enter actual costs by feature in section #5 on next page. Attach additional sheets, if required, to itemize all work items. Attach documentation of actual costs for work items completed. This must include invoices/receipts for labor and materials and verification of payment, such as copies of cancelled checks or bank/card statements.

**TOTAL ELIGIBLE EXPENSES:** \_\_\_\_\_

**TOTAL OVERALL PROJECT COST (ELIGIBLE AND NOT ELIGIBLE EXPENSES):**

\_\_\_\_\_

*The Cultural Properties Review Committee is an advisory group. Committee members are not acting as professional consultants, nor are they providing professional architectural or engineering services for any project while in the process of reviewing and making recommendations for conformance with the tax incentive programs. The actions and approvals of the Cultural Properties Review Committee and/or the Historic Preservation Division staff are NOT a substitute for any other necessary design and construction reviews or actions by the State of New Mexico or local building officials or for your local historic preservation commissions, and vice versa. Review of projects is provided solely for the purpose of compliance with the State Income Tax Credit for Cultural Properties program requirements and standards.*

**5. DESCRIPTION OF REHABILITATION/PRESERVATION WORK**

**5a.** List work items **ELIGIBLE** toward credit, according to the CPRC determination, with the costs. Include labeled and numbered photographs showing rehabilitated condition of each feature. Attach more sheets as necessary to document the entire project. Attach financial documentation.

**Architectural Feature**  
provide item # and name  
as described in Part 1

**Description of rehabilitation**

**Cost**

Photo no. _____		
Photo no. _____		
Photo no. _____		
Photo no. _____		

**DESCRIPTION OF REHABILITATION/PRESERVATION WORK (CONTINUED)**

**5b.** List work items **NOT ELIGIBLE toward credit**, according to the CPRC determination, with the costs. Include labeled and numbered photographs showing rehabilitated condition of each feature. Attach more sheets as necessary to document all work. Attach financial documentation.

<b>Architectural Feature</b> provide item # and name as described in Part 1	<b>Description of rehabilitation</b>	<b>Cost</b>
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Photo no. _____		
Photo no. _____		
Photo no. _____		
Photo no. _____		

**6. APPLICANT'S SIGNATURE:**

I hereby attest that all work on this project was executed according to the proposed description as stated in the *Part 1 Application: State Income Tax Credit for Registered Cultural Properties*, as approved by the Cultural Properties Review Committee.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

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**CERTIFICATION (FOR STATE USE ONLY):**

The Cultural Properties Review Committee has reviewed this application and:

- approves** the application as submitted.
- approves the application with the conditions stated on the attached sheet or letter.**
- rejects** the application because the work performed does not conform to the standards, approvals, and conditions set forth in the program regulations.
- tables** the application and *requests additional information* stated on the attached sheet or letter before the application will be reviewed.
- Other: \_\_\_\_\_

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**CHAIRPERSON, CULTURAL PROPERTIES REVIEW COMMITTEE**

**DATE**