

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 electronically to:

NM.SHPO@dca.nm.gov

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 Historic District or Individual Listing Name: _____

SR# _____ (State Register Number for historic district or individual listing)

County: _____

2. OWNER IDENTIFICATION

Name(s): _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Telephone number(s) with area code(s): _____

Complete Taxpayer Identification Number(s) or Social Security Number(s):

Email address(es): _____

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 color photographs showing each facade as well as the 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 color photographs showing each facade as well as the rehabilitated condition of each feature. Attach more sheets as necessary to document all work. Attach financial documentation.

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

Description of rehabilitation

Cost

<p>Photo no. _____</p>		
<p>Photo no. _____</p>		
<p>Photo no. _____</p>		
<p>Photo no. _____</p>		

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: _____

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: _____

TOTAL AMOUNT APPROVED FOR ELIGIBLE EXPENSES

MAXIMUM AVAILABLE – 50% TAX CREDIT

CHAIRPERSON, CULTURAL PROPERTIES REVIEW COMMITTEE

DATE