

PART 1 AMENDMENT APPLICATION

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:

A Part 1 Amendment is to be used to add work or make changes to an already-approved Part 1 Application. Part 1 Amendments must be approved at a scheduled meeting of the Cultural Properties Review Committee (CPRC) PRIOR to commencement of amendment work. Approved Amendments neither extend the current 24-month Part 1 approval period nor raise the cap in expenses eligible for the tax credit. 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/>
Completed 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: _____ Map included

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):

3a. DESCRIPTION OF REHABILITATION/PRESERVATION WORK

List work items or changes **ELIGIBLE** toward credit. If not already provided, include labeled and numbered photographs showing current condition of each feature. If architectural or engineering documents are being utilized, include them with the application and indicate sheet numbers that contain information about the feature. Attach more sheets as necessary to describe all proposed changes to project.

<p>Architectural Feature: Describe existing condition:</p> <p>Photo no. _____ Drawing no. _____</p>	<p>Describe proposed work:</p>
<p>Architectural Feature: Describe existing condition:</p> <p>Photo no. _____ Drawing no. _____</p>	<p>Describe proposed work:</p>
<p>Architectural Feature: Describe existing condition:</p> <p>Photo no. _____ Drawing no. _____</p>	<p>Describe proposed work:</p>

3b. DESCRIPTION OF REHABILITATION/PRESERVATION WORK

List work items or changes **NOT ELIGIBLE** toward credit. If not already provided, include labeled and numbered photographs showing current condition of each feature. If architectural or engineering documents are being utilized, include them with the application and indicate sheet numbers that contain information about the feature. Attach more sheets as necessary to describe all proposed changes to project.

<p>Architectural Feature: Describe existing condition:</p> <p>Photo no. _____ Drawing no. _____</p>	<p>Describe proposed work:</p>
<p>Architectural Feature: Describe existing condition:</p> <p>Photo no. _____ Drawing no. _____</p>	<p>Describe proposed work:</p>
<p>Architectural Feature: Describe existing condition:</p> <p>Photo no. _____ Drawing no. _____</p>	<p>Describe proposed work:</p>

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.

4. COST ESTIMATE OF PROPOSED WORK

Estimated cost by Feature (#3a and 3b). Attach additional sheets, if needed, to itemize all work. Attach contractors' written estimates.

Contractor's estimate included

ELIGIBLE Work Items (#3a):

Estimated Costs:

NOT ELIGIBLE Work Items (#3b):

Estimated Costs:

TOTAL ESTIMATED ADDITIONAL PROJECT COSTS

ELIGIBLE EXPENSES: _____

NOT ELIGIBLE EXPENSES: _____

ESTIMATED TOTAL ADDITIONAL PROJECT COSTS: _____

5. APPROVAL DATE OF CURRENT PART 1 APPLICATION (if known): _____

6. AMENDMENT WORK STARTING DATE AND COMPLETION DATE:

Estimated start date: _____ Estimated completion date _____

7. OWNER'S SIGNATURE:

I hereby apply for approval of changes or additions to my previously submitted Part 1 application for the State Income Tax Credit for Cultural Property program, and I attest that the information I have provided is, to the best of my knowledge, correct. I also acknowledge that an approved Pt. 1 Amendment neither extends the initial Pt. 1 approval period of 24-months nor raises the cap for eligible expenses, and that all work for which credit is sought must be completed and all costs incurred within the initial Part 1 approval period.

Signature(s): _____ **Date:** _____

CERTIFICATION (FOR STATE USE ONLY):

The Cultural Properties Review Committee has reviewed this amendment and:

- approves the amendment *as submitted*** and authorizes the owner to proceed with the work.
- approves the amendment *with conditions*** stated on the attached sheet or letter and authorizes the applicant to proceed with the work with the understanding that the conditions shall be met.
- rejects the amendment** because the proposed work does not conform to the standards set forth in the program regulations.
- tables the amendment** and requests additional information stated on the attached sheet or letter before the application will be reviewed.

Signature: _____ **Date:** _____

CHAIRPERSON, CULTURAL PROPERTIES REVIEW COMMITTEE