



This is the first of a three-part application for the Alabama Historic Rehabilitation Tax Credit program. The AHC uses this form to evaluate a property’s historic significance. The first page of the form must appear exactly as below and must bear the applicant’s original signature. Use additional pages as necessary. All sections must be complete and all attachments submitted or the application will be determined incomplete. Part A, Part B, and half of the required review fee must be submitted at the same time.

1. Property name: _____
Street Address: _____
City: _____ County: _____ State: Alabama Zip: _____

2. Applicant Name:
Organization: _____
Mailing Address: _____
City: _____ County: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Ownership Status: Hold Title Owns a lease-hold interest for a term not less than 39 years Option to purchase

3. Project Contact (if different than applicant): _____
Organization: _____
Mailing Address: _____
City: _____ County: _____ State: _____ Zip: _____
Phone: _____ Email: _____

4. National Register of Historic Places Status

- Individually listed in the National Register
Name as listed in the National Register _____
- Located in an existing National Register Historic District
Name of Historic District: _____
Inventory Number: _____
- The property has been determined eligible by the AHC*
 - Individually eligible for the National Register
 - Eligible as a Contributing Resource in a potential or listed National Register Historic District
 Name of Historic District: _____
Date determined eligible: _____

* Property must be determined eligible by the AHC before submitting Part A

5. Alabama Legislative District:
Senate _____ House of Representatives _____

6. I hereby attest that the information I have provided in this application is, to the best of my knowledge, correct.
****Original signature of applicant required****

Signature: _____ Date: _____

Part A – Evaluation of Significance

Property name: _____

Property address: _____

Applicant may attach National Park Service Part 1—Historic Preservation Certification Application in lieu of completing application blocks 7, 8, and 9, but block 10 must be completed and all attachments submitted with the application.

7. Physical description of property:

8. Date of Construction: _____ Source of Date: _____

Date(s) of alteration: _____ Source of Date: _____

Has the building been moved: yes no. If yes, when? _____

9. History and Significance:

10. Required Attachments

- Letter from Owner;
 - Photographs with labels showing the condition of the building prior to the start of work;
 - Site plan showing the existing condition of the property with photo directions indicated;
 - Floor plan(s) showing the existing condition of the building with photo directions indicated;
 - Map showing the location of the building per instructions
 - Other: _____
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11. Disqualifying Use: By checking this box, the Owner certifies that the property is not occupied by the Owner and is not used exclusively as a primary or secondary residence.