



Louisiana Division of Historic Preservation  
Louisiana Historic Rehabilitation  
Commercial Tax Credit Application  
**PART 1 – CERTIFICATION OF CONTRIBUTING STATUS**

State Project No.  
State Office Use Only

**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](http://www.Louisianahp.org)).

1. **Name of Property** (only if Individually Listed on the National Register): \_\_\_\_\_

**Address of Property:** Street: \_\_\_\_\_

City: \_\_\_\_\_ Parish: \_\_\_\_\_ State: LA Zip: \_\_\_\_\_

**Name of Qualifying District:** \_\_\_\_\_

**Type of District:** State Cultural Downtown Development National Register (Federal Part 1 Required)

**Does the property meet the definition of "Rural" as defined in RS 47:6019**

**Legislative Districts:** LA House LA Senate US House <https://www.legis.la.gov/legis/FindMyLegislators.aspx>

2. **Check Nature of Request:**

Determination that the building contributes to the significance of the above-named district.

Determination that the building is Individually listed on the National Register.

Preliminary determination of eligibility for listing on the National Register (*Federal Part 1 Required. Must be listed prior to credit award.*)

3. **Project Contact:**

**Name:** \_\_\_\_\_

**Address:** Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

4. **Ownership:**

*I hereby certify that the information I have provided is, to the best of my knowledge, correct. I further certify that I am the owner of the above-described property and/or the duly authorized representative of the owning organization.*

**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: \_\_\_\_\_

*This application will not be accepted unless it has been signed.*

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## State Office Use Only

## Reviewer Initials

The Division of Historic Preservation has reviewed the "Part 1 – Certification of Contributing Status" for the above-named property and hereby determines that the property:

Contributes to the historic significance of the Downtown Development District.

Contributes to the historic significance of the Cultural District.

Contributes to a National Register Historic District or is individually listed on the Register

(Federal Part 1 required or copy of nomination required)

Does not contribute to the historic significance of the above-named district.

Denied due to a lack of information.

**The property meets the definition of "Rural" as defined in RS 47:6019.**

**This approval issued by DHP is for the purposes of the State Commercial Tax Credits program only. The approval does not take the place of any local, state or federal requirements and does not constitute a National Register determination of eligibility.**

\_\_\_\_\_  
Date  
☐ See Attachments

\_\_\_\_\_  
Authorized Signature: Director of Louisiana Division of Historic Preservation or Authorized Designee

**(225) 342-8160**  
Office Telephone No.

**This line must print on Page 1, otherwise the application will be returned.**



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**PART 1 – Continued**

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**Property Address:** \_\_\_\_\_

5. **A.** Is the building more than 50 years old? ☐ Yes ☐ No Date of Construction: \_\_\_\_\_ Date(s) of Alteration(s): \_\_\_\_\_
- B.** Has the building been moved? ☐ Yes ☐ No If so, when: \_\_\_\_\_ Source of Dates: \_\_\_\_\_
- C. Description of physical appearance:** (This text represents the minimum acceptable font size. Delete extra spaces or reduce the number of characters to enlarge text. A continuation sheet may be used.)

6. **Statement of significance:** (This text represents the minimum acceptable font size. Delete extra spaces or reduce the number of characters to enlarge the text. A continuation sheet may be used.)

7. **Property location verification:** A map with the location of the property marked within a Downtown Development District or Cultural District must be included unless this is a request for preliminary eligibility. If no map is available for an extant Downtown Development District, then a letter from the organization verifying the inclusion of the property within the District must be included.
8. **Property documentation:** Photographs documenting the entire exterior and interior of the property, including any buildings on site that may or may not be included within the scope of the rehabilitation, **MUST** be provided. Images must be keyed to a current floor plan. All photographs must be printed in color on photo paper (shiny). **Failure to provide sufficient documentation will result in the project being placed on hold. Additional documentation (where they exist), such as historic images, newspaper articles, and Sanborn Fire Insurance Maps may also be attached.**

Mark attached materials:

- |   |  |
|---|--|
| <input type="checkbox"/> Photographs ( <b>MUST BE INCLUDED</b> )  | <input type="checkbox"/> Historic Images             |
| <input type="checkbox"/> Photo Key ( <b>MUST BE INCLUDED</b> )  | <input type="checkbox"/> Historic Documents          |
| <input type="checkbox"/> Map of District ( <b>MUST BE INCLUDED unless a letter from the Downtown Development District is included</b> ) | <input type="checkbox"/> Sanborn Fire Insurance Maps |
|   | <input type="checkbox"/> Continuation Sheets         |

**This line must print on Page 2, otherwise the application will be returned.**