

**STATE INCOME TAX CREDIT FOR REGISTERED CULTURAL PROPERTIES
 PART 1 AMENDMENT APPLICATION**

| |
|---------------------------|
| For State Use Only |
| Received: _____ |
| Log Number: _____ |

1. PROPERTY IDENTIFICATION

Address: _____
 City: _____ County: _____
 Vicinity (if rural): _____
 Name of Historic District or Individual Listing in State Register of Cultural Properties: _____ SR#: _____

2. OWNER IDENTIFICATION

Name(s): _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Telephone(s): _____ Email(s): _____
 Taxpayer Identification Number(s) or Social Security Number(s): _____

3. DESCRIPTION OF REHABILITATION WORK

a. PROPOSED ELIGIBLE WORK

List and describe *eligible* work by feature (e.g., roof, windows, and south window) for this amendment. Each item should refer to an included photograph.

| Feature | Existing Condition Description | Proposed Work Description |
|------------------|--------------------------------|---------------------------|
| Photo/Drawing #: | | |
| Photo/Drawing #: | | |
| Photo/Drawing #: | | |
| Photo/Drawing #: | | |
| Photo/Drawing #: | | |

b. PROPOSED INELIGIBLE WORK

List and describe any *ineligible* work by feature for this amendment. Each item should refer to an included photograph. Descriptions of included ineligible work are important in determining whether a project as a whole meets the Standards, which is required.

| | | |
|------------------|--|--|
| Photo/Drawing #: | | |
| Photo/Drawing #: | | |
| Photo/Drawing #: | | |

Photographs included (**REQUIRED**) Additional sheets for work description attached (if necessary)

4. COST ESTIMATES

Please provide detailed cost estimates for all described eligible and ineligible work items for this amendment.

| Work Item | Eligible | Ineligible | Estimated Cost: |
|-----------|--------------------------|--------------------------|-----------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |

Estimated Total Eligible Expenses: _____
 Estimated Total Ineligible Expenses: _____
 Estimated Total Additional Project Cost: _____

Detailed contractor estimates included (**REQUIRED**)

5. AMENDMENT WORK START/COMPLETION DATES

Estimated Start Date: _____ Estimated Completion Date: _____

6. APPROVAL DATE OF CURRENT PART 1 APPLICATION (if known)

Part 1 Approval Date: _____

7. OWNER SIGNATURE

With my signature below, I am submitting this amendment application for changes or additions to my previously approved Part 1 application for the State Income Tax Credit for Registered Cultural Properties Program, and I attest that the information I have provided is, to the best of my knowledge, correct. I also acknowledge that an approved amendment neither extends the initial Part 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.

Name(s): _____

Signature(s): _____ Date: _____

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.

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CERTIFICATION

The Cultural Properties Review Committee has reviewed this amendment application and:

- approves** the amendment *as submitted* and authorizes the owner to proceed with the proposed 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.

Reviewed and approved by the CPRC on (date): _____

Name: _____ Chair, Cultural Properties Review Committee

Signature: _____ Date: _____
