GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS (DCA) - HISTORIC PRESERVATION DIVISION (HPD)

PART B - FINAL CERTIFICATION

STATE PREFERENTIAL PROPERTY TAX ASSESSMENT PROGRAM FOR REHABILITATED HISTORIC PROPERTY

a.) Total project cost (rehab work and any new construction or site work): \$ b.) After rehab floor area:	1. Historic name of property	y (if known):			
a.) Total project cost (rehab work and any new construction or site work): \$	Address:	City:	County:	Zip:	
b.) After rehab floor area:	2. Project information:				
c.) Project start date:	a.) Total project cost (re	hab work and any new construction or site	e work): \$		
e.) Has a Part A application been submitted for this project? Ves	b.) After rehab floor are	a:square feet			
3. Send the following items and this application to TAX INCENTIVES PROGRAM, GEORGIA DCA - HPD, 60 EXECUTIVE PARK SOUTH, NE, ATLANTA, GA 30329. See attached instructions for further details regarding application materials. This application will not be reviewed unless it is complete with the following (please check): One set of color photographs showing exterior and interior completed work. All photos must be labeled and numbered on the back to correspond to the accompanying photo key. (see Photo-Documentation Guidelines) One copy of after rehabilitation photo key illustrating the location and view of each photograph. One copy of after rehabilitation floor plan. 4. Project contact (the person who prepared this form if other than the property owner): Name:	c.) Project start date:	d.) Project	d.) Project completion date:		
PARK SOUTH, NE, ATLANTA, GA 30329. See attached instructions for further details regarding application materials. This application will not be reviewed unless it is complete with the following (please check): One set of color photographs showing exterior and interior completed work. All photos must be labeled and numbered on the back to correspond to the accompanying photo key. (see Photo-Documentation Guidelines) One copy of after rehabilitation photo key illustrating the location and view of each photograph. One copy of after rehabilitation floor plan. 4. Project contact (the person who prepared this form if other than the property owner): Name: Company/Organization: Address: City: State: Zip: Daytime phone number: Cell phone number: E-mail: 5. Property owner: Name: Company/Organization: Address: City: State: Zip:	e.) Has a Part A applicat	ion been submitted for this project? ☐ Ye	s □ No (If no, Parts A and B mus	t be submitted together.)	
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Daytime phone number: Cell phone number: E-mail:					
5. Property owner: Name:	Address:	City:	State:	Zip:	
Name: Company/Organization: Address: City: State: Zip: Daytime phone number: Cell phone number: E-mail: Owner's Signature: Date:	Daytime phone number:	Cell phone number:	E-mail:		
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Owner's Signature:	Address:	City:	State:	Zip:	
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☐ The property is denied final certification. (see attached for explanation)	DCA's Standards fo	r Rehabilitation. (Questions concerning	<u>-</u>		
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DATE DEPARTMENT OF COMMUNITY AFFAIRS AUTHORIZED SIGNATURE	DATE	Department of Commission	A EFAIDS AUGUADIZED SZOVA	NAME .	