DEPARTMENT OF ARKANSAS HERITAGE

ARKANSAS HISTORIC PRESERVATION PROGRAM

HISTORIC PRESERVATION CERTIFICATION APPLICATION

REQUEST FOR CERTIFICATION OF COMPLETED WORK
PART 3

AHPP Office Use Only

AHPP No:

Instructions: Upon completion of the rehabilitation, return this form with representative photographs of the completed work (both exterior and interior views) to the appropriate reviewing office. If a Part 2 application has not been submitted in advance of project completion, it must accompany the Request for Certification of Completed Work. A copy of this form may be provided to the Arkansas Department of Finance and Administration. Type or print clearly in black ink. The decision of the Arkansas Historic Preservation Program with respect to certification is made on the basis of the descriptions in this application form. In the event of any discrepancy between the application form and other, supplementary material submitted with it (such as architectural plans, drawings and specifications), the application form shall take precedence.

1. **Name of Property:** **JOHN & JANE SMITH HOUSE**

Address of Property: Street 216 N MAIN ST.

City LITTLE ROCK County State Zip

Is property a certified historic structure? x yes no If yes, date of certification by NPS: 2.9.17

or date of listing in the National Register:

2. **Data on rehabilitation project:**

AHPP assigned rehabilitation project number:

Project starting date: 3.1.26

Rehabilitation work on this property was completed and the building placed in service on: 5-1-26

Estimated costs attributed solely to rehabilitation of the historic structure: $ 27,380.89

Estimate costs attributed to new construction associated with the rehabilitation, including additions, site work, parking lots, landscaping: $ 0

3. **Owner:** (space on reverse for additional owners)

I hereby apply for certification of rehabilitation work described above for purposes of the state tax incentives. I hereby attest that the information provided is, to the best of my knowledge, correct, and that, in my opinion the completed rehabilitation meets the Secretary's "Standards for Rehabilitation" and is consistent with the work described in Part 2 of the Historic Preservation Certification Application. I also attest that I own the property described above.

Name ROBERT BLACK Signature Date: 5-5-26

Organization

Social Security or Taxpayer Identification Number 123-45-6789

Street 216 N MAIN ST City LITTLE ROCK

State AR Zip 72205 Daytime Telephone Number 501-555-5555

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The Arkansas Historic Preservation Program has reviewed the "Historic Certification Application – Part 2" for the above-listed "certified historic structure" and has determined:

that the completed rehabilitation meets the Secretary of the Interior's "Standards for Rehabilitation and is consistent with the historic character of the property or the district in which it is located. Effective the date indicated below, the rehabilitation of the "certified historic structure" is hereby designated a "certified rehabilitation." A copy of this certification has been provided to the Arkansas Department of Finance and Administration in accordance with state law. Questions concerning specific tax consequences or interpretation of the state tax code should be addressed to the Department of Finance and Administration, Tax Credits/Special Refunds Section. In-progress and completed projects may be inspected by an authorized representative of AHPP to determine if the work meets the "Standards for Rehabilitation." The AHPP reserves the right to make inspections after completion of the rehabilitation and to revoke certification, if it is determined that the rehabilitation project was not undertaken as presented by the owner in the application form and supporting documentation part of the rehabilitation project inconsistent with the Secretary's " Standards for Rehabilitation."

that the rehabilitation is not consistent with the historic character of the property or the district in which it is located and that the project does not meet the Secretary of the Interior's "Standards for Rehabilitation." A copy of this form may be provided to the Arkansas Department of Finance and Administration.

Date	AHPP Authorized Signature	AHPP Office/Telephone No.

See Attachments