

1-2-3 HISTORIC PRESERVATION AND CULTURAL AND ENTERTAINMENT DISTRICT FY2015 PART 1, PART 2, PART 3 APPLICATION

STC Number

CONTINUATION/AMENDMENT SHEET

Historic Building Name: _____

Project Name: _____

Street: _____

City: _____ County: _____ State: _____ ZIP: _____

Instructions

Read the printed instructions carefully before completing. Use this sheet to continue or amend sections of the Part 1, Part 2, and Part 3 applications. Add additional sheets as needed. Complete using a computer.

Type of Document

This document is a(n):

Continuation of: Part 1 Part 2 Part 3

Amendment of: Part 1 Part 2 Part 3

Applicant Information

Name: _____ Signature: _____ Date: _____

Street: _____ City: _____ State: _____ ZIP: _____

Daytime Telephone Number: _____ Email Address (required): _____

SHPO Internal Use Only

- The State Historic Preservation Office has determined this project amendment **meets** *The Secretary of the Interior's Standards for Rehabilitation*.
- The State Historic Preservation Office has determined this project amendment **will meet** *The Secretary of the Interior's Standards for Rehabilitation*, if the attached conditions are met.
- The State Historic Preservation Office has determined this project amendment **does not meet** *The Secretary of the Interior's Standards for Rehabilitation*.
- Updates the information and does not affect the approval.

State Historic Preservation Office Authorized Signature: _____ Date: _____

**STATE HISTORIC
PRESERVATION
OFFICE OF IOWA**

IOWA DEPARTMENT OF CULTURAL AFFAIRS

**STATE HISTORIC PRESERVATION OFFICE
HPCED TAX CREDIT PROGRAM**

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Rev 2016-1

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