

**APPLICATION FOR PROPERTY TAX CREDIT FOR HISTORIC RESTORATION AND REHABILITATION - RESIDENTIAL PROPERTIES**

***PART III - COMPLETION OF WORK***

**PROPERTY INFORMATION:**

Date Application Filed: \_\_\_\_\_

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Property Owner Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone # (Please indicate work, home or cell): \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Will the property be owner occupied?  Yes  No Cost of eligible rehabilitation work: \$\_\_\_\_\_

***All Part III Applications must include the information described in the Checklist for Part III. Incomplete applications will not be processed other than to inform the applicant of the deficiencies.***

I, the owner or authorized representative of the property identified above, hereby affirm under penalty of perjury that this application, including any accompanying statements and documentation, has been examined by me, and the information contained herein, is, to the best of my knowledge, true, correct and complete, and that I am authorized to sign this application.

\_\_\_\_\_  
**Property Owner Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Property Owner Signature**

\_\_\_\_\_  
**Date**

**To be completed by the Baltimore County Department of Planning**

Work in accordance with Part II certification:  Yes  No Appropriate Building Permits:  Yes  No

\_\_\_\_\_  
**Department of Planning Official**

\_\_\_\_\_  
**Date**

**To be completed by the Office of Budget and Finance**

Tax Credit Amount (20% of Eligible Expense): \_\_\_\_\_ Beginning FY: \_\_\_\_\_

Approve:  Yes  No

\_\_\_\_\_  
**Budget & Finance Official**

\_\_\_\_\_  
**Date**