STATE OF MAINE MAINE HISTORIC PRESERVATION COMMISSION

SMALL PROJECT REHABILITATION CERTIFICATION APPLICATION PART 1 – EVALUATION OF SIGNIFICANCE MHPC Office Use Only

	PC Office Use Only				MIHPC Office Us	oc only		
NRI	S No:				Project No:			
Inst	tructions: Read the in	nstructions carefully befor	e completing application	n No certifications wil	l he made unless a	completed application		
		Type or print clearly in bla						
				<u> </u>				
1.	Name of Property:							
		treet						
	С	ity	Coun	ty	State	Zip		
	Name of historic district	<u></u>						
	☐ National Register di	strict	ate or local district	potential district				
2.	2. Check nature of request:							
	certification that the building contributes to the significance of the above-named historic district (or National Register property) for the purpose of rehabilitation.							
	_	nation for individual listing in	the National Register.					
	□ preliminary determi	nation that a building located	within a potential historic	district contributes to the	significance of the distr	ict.		
	preliminary determi	nation that a building outside	the period or area of sign	ificance contributes to the	significance of the dist	trict.		
			,		J 12 22 20 200			
3.	Project contact:							
	Name							
	State		Zip	Daytime Telepho	one Number			
4.	Owner:							
	I certify on penalty of cri	iminal punishment under the	laws of the State of Maine	and the United States th	at Lown the property de	escribed above, and that the		
I certify on penalty of criminal punishment under the laws of the State of Maine and the United States that I own the property described above, and the information I have provided is true and accurate to the best of my knowledge and belief.								
	Name		Signature		Date			
	Organization							
	Organization			City				
	Organization			City				
MH	Organization			City				
	Organization Street State PC Office Use Only		Zip	City Daytime Telepho	one Number			
The	Organization Street State PC Office Use Only Director of the Maine	Historic Preservation Co	Zip	City Daytime Telepho	one Number			
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☐ See Attachments

STATE OF MAINE

SMALL PROJECT REHABILITATION CERTIFICATION APPLICATION - PART 1

Property Address 5. Description of physical appearance:
Date of Construction: Source of Date:
Date(s) of Alteration(s): Has building been moved?
6. Statement of significance:
7. Photographs and maps.
Attach photographs and maps to application.
Continuation sheets attached: yes no