



**STATE OF ARIZONA HISTORIC PROPERTY  
TAX RECLASSIFICATION APPLICATION  
FOR INCOME-PRODUCING PROPERTIES**

Submit the completed form, photos and rehabilitation documents to your County Assessor. You will receive a copy after the application has been processed. Please call (602) 542-4009 if you have any questions. Please type or print clearly.

ASSESSOR USE ONLY		
BOOK	MAP	PARCEL
Items 2, 3, & 4 _____ have _____ have not been verified by the County Assessor.		
By: _____		
Date: _____		

1. Address of Property: Street: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Legal Description and/or Assessor's Parcel ID #: \_\_\_\_\_

3. Property Use:  Rental Residential  Commercial/Industrial  Other: \_\_\_\_\_

4. Name of Owner on Tax Roll: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. Have you submitted a Historic Preservation Certification Application for Federal historic preservation tax incentives? (For the Federal Tax Credit for Rehabilitation)  Yes  No Date Submitted: \_\_\_\_\_ If yes, the reviews will be coordinated.

6. Property is listed on the National Register of Historic Places:  
 Within the following neighborhood or historic district (if known): \_\_\_\_\_  
 Individually and has the following historic name (if known): \_\_\_\_\_

7. Date of Original Construction (if known): \_\_\_\_\_  Original Site  Moved.

8. **Following is a checklist of the items to attach to the application before submission.**  
**THE APPLICATION IS INCOMPLETE WITHOUT THESE ITEMS AND WILL BE RETURNED.**  
 A narrative description of the rehabilitation work planned for the building. Be as specific as possible.  
 Architectural drawings, construction documents, or conceptual renderings of the rehabilitation planned for the building.  
 A MINIMUM of two photographs of the current condition of the building. Include photographs of the main view of the building, as well as any features that will be modified during the rehabilitation of the building. Please label the photographs with the following: the name of the owner, property address, and Tax Parcel ID#. Indicate in the narrative description which features will be modified as illustrated in the photographs.

*I (we) hereby attest that the information provided is, to the best of my knowledge, correct and that I am the owner of said property. I hereby consent to abide by Arizona State Parks Board Rules & Regulations pursuant to ARS § 42-12101 and ARS § 42-12102 through §42-12108 as amended; maintain the architectural integrity of the property; provide the State Historic Preservation Officer with plans for alterations for review **prior** to implementation; submit a report, if requested, per the required form, to the State Historic Preservation Officer describing the condition of said property and any alterations made; allow the State Historic Preservation Officer or his representative, to view the premises of the above property; understand the penalties involved if decertified; and understand that this classification is granted for and limited to 10 consecutive years if classified as commercial historic property.*

(NOTE: ALL CURRENT OWNERS MUST SIGN BELOW.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p>FOR SHPO USE ONLY:</p> <p><input type="checkbox"/> The property described above is included within the boundaries of the _____ National Register Historic District and contributes to the character of the district. Date Listed _____</p> <p><input type="checkbox"/> The individual property described above was entered into the National Register of Historic Places on: _____ (date).</p> <p><input type="checkbox"/> The property described above is listed neither individually nor as a contributor to a National Register Historic District.</p> <p>The property described above currently <input type="checkbox"/> meets <input type="checkbox"/> does NOT meet the minimum maintenance standards of the Arizona State Parks Board (<i>Rule 12-8-306</i>)</p> <p>The plans for renovation and/or rehabilitation <input type="checkbox"/> meet <input type="checkbox"/> do not meet the Secretary of the Interior's Standards. _____</p> <p><input type="checkbox"/> I hereby certify that the described property qualifies as a commercial historic property pursuant to ARS § 42-12101, as amended.</p> <p><input type="checkbox"/> I hereby certify that the described property does NOT qualify as an historic property pursuant to ARS § 42-12101, as amended.</p> <p>Signature: _____ Date: _____</p> <p style="text-align: center;"><small>State Historic Preservation Officer/Assignee</small></p>
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