



VALUATION INCENTIVE PROGRAM
Part 1 – Historically Significant Real Property

This form is for use for qualifying properties that are so designated as "Historically Significant Real Property." Please read instructions before completing application. This page must bear the applicant's original signature and must be dated. The Nebraska State Historic Preservation Office certification decision is based on the descriptions in this form. In the event of any discrepancy between the application form and other, supplementary material submitted with it, the application form takes precedence. A copy of this form will be provided to the county assessor.

1. PROPERTY

VIP #

Name

NeHRSI #

Address

City

County

State

9 Digit Zip

Listed Individually in the National Register

Date Listed

Listed Individually as a Local Landmark

Date Listed

Name of National Register District

Date Listed

Name of Local Landmark District

Date Listed

2. PROPERTY OWNER

Name

Organization

Address

City

County

State

9 Digit Zip

Phone

Email

I hereby attest that the information I have provided is, to the best of my knowledge, correct and that I own the said property described above.

Signature

Date

3. PROJECT CONTACT (if different from applicant)

Name

Company

Address

City

County

State

9 Digit Zip

Phone

Email

NeSHPO Official Use Only

- Property is Individual Listed on the National Register of Historic Places
Property is a Contributing Resource to a National Historic District
Property is Individually Listed under a Local Landmark Ordinance
Property is a Contributing Resource to a Historic District under a Local Landmark District

Signature of State Official

Date

VALUATION INCENTIVE PROGRAM
Part 1 – Historically Significant Real Property

Property Name

VIP #

Property Address

4. Statement of Significance

5. Photographs, Site Key and Maps. (Send with application)



VALUATION INCENTIVE PROGRAM
Part 2 – Request for Preliminary Certification of Rehabilitation

This page must bear the applicant's original signature and must be dated. The Nebraska State Historic Preservation Office certification decision is based on the descriptions in this form. In the event of any discrepancy between the application form and other, supplementary material submitted with it, the application form takes precedence. A copy of this form will be provided to the county assessor.

1. PROPERTY

VIP #

Name

NeHRSI #

Address

City

County

State

9 Digit Zip

2. PROJECT DATA

Project Start Date (estimated)

Estimate Rehabilitation Cost

Completion Date (estimated)

3. PROPERTY OWNER

Name

Organization

Address

City

County

State

9 Digit Zip

Phone

Email

I hereby attest that the information I have provided is, to the best of my knowledge, correct and that I own the said property described above.

Signature

Date

4. PROJECT CONTACT (if different from applicant)

Name

Company

Address

City

County

State

9 Digit Zip

Phone

Email

Certification by County Assessor

Under provisions of Neb.Rev.Statutes 77-1385 through 77-1394 the assessed valuation of the above historically significant real property that was last certified pursuant to Section 13-509 or as finally determined if appealed is as stated below:

I hereby certify that the above named property was last assessed at the valuation \$

County Assessor Signature

Date

NeSHPO Official Use Only

- checkbox The rehabilitation meets the Secretary of Interior Standards for Rehabilitation.
checkbox The rehabilitation will meet the Sec. of Interior Standards for Rehabilitation if attached conditions are met.
checkbox The rehabilitation does not meet Secretary of Interior Standards for Rehabilitation.

Signature of State Official

Date

VALUATION INCENTIVE PROGRAM
Part 2 – Historically Significant Real Property

Property Name

VIP #

Property Address

5. DETAILED DESCRIPTION OF REHABILITATION WORK

Instructions: The applicant must provide a detailed description of all work of the rehabilitation project including exterior and interior work, site work and new construction. Photographs must be submitted to document both interior and exterior conditions, including site and environment, prior to any work and to show areas of proposed work. Architectural plans for the rehabilitation project should be submitted.

| Number | Feature | Date of Feature |
|---------------|----------------|------------------------|
|---------------|----------------|------------------------|

Describe existing feature and its condition

Photo Numbers

Drawings Numbers

Describe work and impact on feature

| Number | Feature | Date of Feature |
|---------------|----------------|------------------------|
|---------------|----------------|------------------------|

Describe existing feature and its condition

Photo Numbers

Drawings Numbers

Describe work and impact on feature

Number

Feature

Date of Feature

Describe existing feature and its condition

Photo Numbers

Drawings Numbers

Describe work and impact on feature

Number

Feature

Date of Feature

Describe existing feature and its condition

Photo Numbers

Drawings Numbers

Describe work and impact on feature

Number

Feature

Date of Feature

Describe existing feature and its condition

Photo Numbers

Drawings Numbers

Describe work and impact on feature

Number

Feature

Date of Feature

Describe existing feature and its condition

Photo Numbers

Drawings Numbers

Describe work and impact on feature

If more work items, please use extra sheets of paper.



VALUATION INCENTIVE PROGRAM
Part 3 – Request for Final Certification of Rehabilitation

This page must bear the applicant's original signature and must be dated. The Nebraska State Historic Preservation Office certification decision is based on the descriptions in this form. In the event of any discrepancy between the application form and other, supplementary material submitted with it, the application form takes precedence. A copy of this form will be provided to the county assessor.

1. PROPERTY

VIP #

Name

NeHRSI #

Address

City

County

State

9 Digit Zip

2. PROJECT DATA

Project Start Date

Estimate Rehabilitation Cost

Completion Date

3. PROPERTY OWNER

Name

Organization

Address

City

County

State

9 Digit Zip

Phone

Email

I hereby attest that the information I have provided is, to the best of my knowledge, correct and that I own the said property described above.

Signature

Date

4. PROJECT CONTACT (if different from applicant)

Name

Company

Address

City

County

State

9 Digit Zip

Phone

Email

5. Photographs, Site Key and Maps. (Send with application)

NeSHPO Official Use Only

- checkbox The rehabilitation meets the Secretary of Interior Standards for Rehabilitation.
checkbox The rehabilitation will meet the Sec. of Interior Standards for Rehabilitation if attached conditions are met.
checkbox The rehabilitation does not meet Secretary of Interior Standards for Rehabilitation.

Signature of State Official

Date