

STATE HISTORIC PRESERVATION TAX CREDIT APPLICATION

AMENDMENT SHEET

State Historic Preservation Office Michigan Strategic Fund Revised 12/2024

State Project Number **STX**

Ar	mendment #	
1.	Resource Information	
	Historic Property Name	
	Address: Street	
	City	CountyZip
2.	Applicant (Owner or Lessee)	
	Name	Organization Name
	Name	(For co-owner or for married owners, as applicable)
	Mailing Address: Street	
		State Zip
	Daytime telephone number	E-mail
	Social Security Number(s) or Taxpayer Ident	ification Number(s):
		rovided is, to the best of my knowledge, correct. I further attest that I am a 266(a)(16)(j) or subsection 676(16)(j) of PA 343 of 2020
	Signature (sign in ink)	Date
	Signature (sign in ink)	Date
3.	Project Contact (if different than ap	oplicant)
	Name	Organization Name
	Address: Street	
	City	StateZip
	Daytime telephone number	E-mail



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4. Description of Changes

	Check if using a continuation sheet.		
State Historic Preservation Office Use Only			
The State Historic Preservation Office has reviewed these project amendments for the aborthat:	ve-named resource and hereby determines		
the amendments described herein are consistent with the historic character of the above-named resource and conform to the <i>Secretary of the Interior's Standards for Rehabilitation</i> . This is a preliminary determination only, since a formal certification of rehabilitation can be issued only after the rehabilitation is completed on the certified historic resource.			
the amendments described herein will conform to the Secretary of the Interior's Stand conditions are met (see attached letter).	ards for Rehabilitation if the attached		
the amendments described herein are inconsistent with the historic character of the above-mentioned resource and do not conform to the <i>Secretary of the Interior's Standards for Rehabilitation</i> . Therefore, the amendments as described cannot be certified (see attached letter).			
Martha MacFarlane-Faes, Deputy State Historic Preservation Officer	Date		