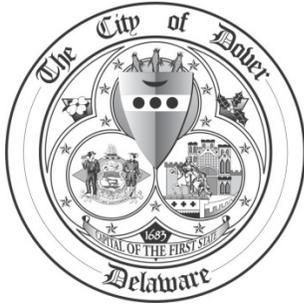


File #:	_____
Reviewer:	_____
Date:	_____
Approved:	<input type="checkbox"/> Y <input type="checkbox"/> N



City of Dover Tax Credits for Historic Properties Application Form

Applicant Name: _____

Property Owner Name (if not applicant): _____

Property Address: _____

Mailing Address of Applicant: _____

Tax Parcel ID Number(s): _____

Historic Designation of Property (Check all that apply):

- Within Dover's Historic District Zone Within a National Register Historic District
- Individually Listed on National Register of Historic Places

Please provide a description of the proposed project, including estimated costs:

The following documents must be attached to the application: color photos showing the current condition of the property and existing materials, plans and information describing the project activities, an itemized cost estimate for the project.

I hereby certify that I am the owner of record or otherwise authorized by the owner of record to make this application and that all of the information provided in the application is complete and true to the best of my knowledge.

Signature of Applicant

Date