

**HISTORIC PRESERVATION CERTIFICATION APPLICATION**  
**PART 1 – EVALUATION OF ELIGIBILITY**  
**Michigan State Historic Preservation Office**

SHPO USE ONLY

Site Number

SHPO USE ONLY

State Project Number

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Please read the instructions carefully before completing this application. Note that incomplete applications will not be reviewed.  
Type or print clearly in black ink.

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**1. Resource Information**

Historic name \_\_\_\_\_ **1234 Smith Ave (Or John and Mary Doe House if you have that info)**

Address: Street \_\_\_\_\_ **1234 Smith Ave** \_\_\_\_\_

City \_\_\_\_\_ **Kalamazoo** \_\_\_\_\_ County \_\_\_\_\_ **Kalamazoo** Zip \_\_\_\_\_ **49007** \_\_\_\_\_

Name of historic district \_\_\_\_\_ **Stuart; South St-Vine Area; Rose Place; Haymarket** (choose one)

Name of local unit of government \_\_\_\_\_ **Kalamazoo** \_\_\_\_\_

Population of local unit of government \_\_\_\_\_ **78,461** \_\_\_\_\_ Source(s) \_\_\_\_\_ **2000 Census** \_\_\_\_\_

**2. Declaration of Location**

The Declaration of Location form and review fee are included with this application.

The Declaration of Location form is not included with this application because the resource is listed individually, or is part of a historic district listed in the State Register of Historic Places or the National Register of Historic Places in a unit of government with a population of less than 5,000 people.

**3. Owner of Resource**

Name(s) A) \_\_\_\_\_ **Floyd and Irene Jones** \_\_\_\_\_

B) \_\_\_\_\_

Social Security Number(s) or Taxpayer Identification Number(s): A) \_\_\_\_\_ **777-77-77777** \_\_\_\_\_

B) \_\_\_\_\_

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

Signature of owner(s) A) \_\_\_\_\_ *Floyd Jones* \_\_\_\_\_ Date \_\_\_\_\_ **03/26/09** \_\_\_\_\_

B) \_\_\_\_\_ *Irene Jones* \_\_\_\_\_ Date \_\_\_\_\_ **03/26/09** \_\_\_\_\_

Daytime telephone number \_\_\_\_\_ **(999) 880-5555** \_\_\_\_\_ E-mail \_\_\_\_\_ **fandijones@gmail.com** \_\_\_\_\_

**HISTORIC PRESERVATION CERTIFICATION APPLICATION**  
**PART 1 – EVALUATION OF ELIGIBILITY**  
**Michigan State Historic Preservation Office**

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**4. Owner Address (if different than resource address)**

Address of owner: Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime telephone number \_\_\_\_\_ E-mail \_\_\_\_\_

**5. Project Contact (if different than owner)**

Name \_\_\_\_\_  
Address: Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime telephone number \_\_\_\_\_ E-mail \_\_\_\_\_

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**Michigan State Historic Preservation Office Use Only**

The Michigan State Historic Preservation Office has reviewed the Part 1 – Evaluation of Eligibility for the above-named resource and hereby determines that the resource:

- appears to be a certified historic resource because the resource
- is located in a local unit of government with a population of 5,000 residents or more *and* is a contributing resource in a local historic district.
  - is located in a local unit of government with a population of less than 5,000 residents *and*
    - is a contributing resource in a local historic district.
    - is listed individually in the State Register of Historic Sites and/or the National Register of Historic Places.
    - is a contributing resource in a State Register of Historic Sites and/or a National Register of Historic Places historic district.
  - does not appear to be a certified historic resource.

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Brian Conway, State Historic Preservation Officer

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Date

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**PART 1 – EVALUATION OF ELIGIBILITY**  
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**6. Description of Physical Appearance**

THIS TWO-STORY BALLOON FRAME HOUSE IS SIDED IN 4" CLAPBOARD WITH CEDAR SHINGLES IN THE GABLE ENDS. THE FOUNDATION IS CONSTRUCTED OF STONE. WINDOWS ARE THE ORIGINAL ONE OVER ONE, DOUBLE HUNG SASH. OVERHANGS INCLUDE DECORATIVE BRACKETS. THE STEEPLY PITCHED ROOF HAS AN ASYMMETRICAL DESIGN WITH 3-TAB ASPHALT SHINGLES. A SYMPATHETIC ADDITION WAS MADE TO THE REAR BETWEEN 1988 AND 1997. THE HOUSE ALSO HAS A FULL WIDTH FRONT PORCH WITH DECORATIVE WOOD COLUMNS AND RAIL. THE INTERIOR OF THE HOUSE IS UNALTERED FROM ITS ORIGINAL CONDITION WITH THE EXCEPTION OF THE BATHROOM WHICH WAS UPDATED SOMETIME IN THE 1950S.

Check if using a continuation sheet.

Date of construction 1892 Source(s) Study Committee report, City assessors office

Date(s) of additions and/or alterations 1988 - rear 2<sup>nd</sup> floor addition, 1997 - rear porch

Has this resource been moved?  Yes  No If yes, when? \_\_\_\_\_

Use of resource prior to rehabilitation single family residential

**7. Statement of Significance**

Contact the coordinator for the appropriate statement of Significance for your historic district.

Rose Place

South Street - Vine Area

Stuart Area

Haymarket

West Main Hill

[  ] Check if using a continuation sheet.

**HISTORIC PRESERVATION CERTIFICATION APPLICATION**  
**DECLARATION OF LOCATION**  
**Michigan State Historic Preservation Office**

SHPO USE ONLY

Site Number

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Please read the instructions carefully before completing this application. Note that incomplete applications will not be reviewed. Type or print clearly in black ink.

**1. Resource Information**

Historic name 1234 Smith Ave (Or John and Mary Doe House if you have that info)

Address: Street 1234 Smith Ave

City Kalamazoo County Kalamazoo Zip 4900X

**2. Owner of Resource**

Name(s) A) Floyd and Irene Jones

B) \_\_\_\_\_

Signature of owner(s) A) Floyd Jones Date 03/26/09

B) Irene Jones Date 03/26/09

Daytime telephone number (999) 880-5555 E-mail fandijones@gmail.com

**3. Processing fee**

The \$25.00 processing fee is included. Checks should be made payable to the State of Michigan. See instructions for details.

**4. Declaration – *Must be completed by an official representative of the local unit of government.***

Name of local historic district (South Street-Vine Area, Stuart, Haymarket, Rose Place) Year established (See Tip sheet)

Name/title of official representative Sharon Ferraro, Historic Preservation Coordinator

Address of local unit of government:

Street 241 West South St.

City Kalamazoo County Kalamazoo Zip 49007

*I hereby attest that the information provided is, to the best of my knowledge, correct, and that the above-named resource is located within the boundaries of, and is a contributing resource in, a local historic district as established under Michigan's Local Historic Districts Act (P.A. 169 of 1970, as amended).*

Sharon Ferraro  
Signature of official representative

March 25, 2009  
Date

**HISTORIC PRESERVATION CERTIFICATION APPLICATION**  
**PART 2 – DESCRIPTION OF REHABILITATION**

Part 1 - 4

SHPO USE ONLY

Site Number

SHPO USE ONLY

State Project Number

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Type or print clearly in black ink.

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**1. Resource Information**

Historic name \_\_\_\_\_ **1234 Smith Ave (Or John and Mary Doe House if you have that info** \_\_\_\_\_

Address: Street **1234 Smith Ave** \_\_\_\_\_

City **Kalamazoo** \_\_\_\_\_ County **Kalamazoo** Zip **49007** \_\_\_\_\_

**2. Owner of Resource**

**Owner of Resource**

Name(s) A) **Floyd and Irene Jones** \_\_\_\_\_

B) \_\_\_\_\_

Social Security Number(s) or Taxpayer Identification Number(s): A) **777-77-7777** \_\_\_\_\_

B) \_\_\_\_\_

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

Signature of owner(s) A) **Floyd Jones** \_\_\_\_\_ Date **03/26/09** \_\_\_\_\_

B) **Irene Jones** \_\_\_\_\_ Date **03/26/09** \_\_\_\_\_

Daytime telephone number **(999) 880-5555** \_\_\_\_\_ E-mail **fandijones@gmail.com** \_\_\_\_\_

**3. Data on Rehabilitation Project**

Proposed use after rehabilitation **Residential** \_\_\_\_\_

Estimated cost of rehabilitation **\$22,000** \_\_\_\_\_

The State Equalized Value (SEV) of the above-named property \$ **\$42,000** \_\_\_\_\_

[  ] The Verification of the State Equalized Value (SEV) form is included with this application.

**HISTORIC PRESERVATION CERTIFICATION APPLICATION**  
**PART 2 – DESCRIPTION OF REHABILITATION**  
**Michigan State Historic Preservation Office**

SHPO USE ONLY

Site Number

SHPO USE ONLY

State Project Number

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**4. Owner Address (if different than resource address)**

Address of owner: Street SAME \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Daytime telephone number \_\_\_\_\_ E-mail \_\_\_\_\_

**5. Project Contact (if different than owner)**

Name SAME \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime telephone number \_\_\_\_\_ E-mail \_\_\_\_\_

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**Michigan State Historic Preservation Office Use Only**

The Michigan State Historic Preservation Office has reviewed the Part 2 – Description of Rehabilitation for the above-named resource and hereby determines that:

- the rehabilitation described herein is consistent with the historic character of the above-named resource and conforms to the Secretary of the Interior's Standards for Rehabilitation. This is a preliminary determination only, since the formal certification of rehabilitation can be issued only after the rehabilitation work is completed on the certified historic resource.
- the rehabilitation described herein will conform to the Secretary of the Interior's Standards for Rehabilitation if the attached conditions are met (see attached letter).
- the rehabilitation described herein is inconsistent with the historic character of the above-named resource and does not conform to the Secretary of the Interior's Standards for Rehabilitation. Therefore, the rehabilitation as described cannot be certified (see attached letter).

\_\_\_\_\_  
Brian Conway, State Historic Preservation Officer

\_\_\_\_\_  
Date

**HISTORIC PRESERVATION CERTIFICATION APPLICATION**  
**PART 2 – DESCRIPTION OF REHABILITATION**  
 Michigan State Historic Preservation Office

SHPO USE ONLY

SHPO USE ONLY

Site Number

State Project Number

**6. Detailed Description of Rehabilitation Work**

*Read the instructions carefully before completing this section. The entire project must be described.*

|  |  |
|--|--|
| Item #   | Architectural feature <u>Front Porch</u> Date of feature <u>1892</u> |
| 1  | Photograph number(s) <u>#2, #4, #6</u> Drawing number(s) _____       |
| Describe the feature and its current condition:<br><p><b>The one-story covered front porch has settled causing the deck to slope too steeply. The flooring is rotted and skirting needs to be stripped of accumulated paint. Railings need to be secured.</b></p>  |  |
| <input type="checkbox"/> Check if using a continuation sheet   |  |
| Describe the work and the impact on the feature:<br><p><b>The roof structure will be temporarily raised to allow the floorboards and joists to be replaced. Stone piers will be repointed. New mortar will match the existing in composition, color and texture. Slope of roof will be returned to original level.</b></p> |  |
| <input type="checkbox"/> Check if using a continuation sheet   |  |

**HISTORIC PRESERVATION CERTIFICATION APPLICATION**  
**PART 2 – DESCRIPTION OF REHABILITATION**  
**Michigan State Historic Preservation Office**

SHPO USE ONLY

Site Number

SHPO USE ONLY

State Project Number

**6. Detailed Description of Rehabilitation Work, cont.**

|   |  |
|---|--|
| Item #  | Architectural feature <u>    <b>exterior wood surfaces</b>    </u> Date of feature <u>    <b>1892-1997</b>    </u> |
| 2   | Photograph number(s) <u>    <b>#3, #5</b>    </u> Drawing number(s) _____  |
| Describe the feature and its current condition:   |  |
| <b>Entire structure suffering paint failure in a variety of degrees</b>   |  |
| <input type="checkbox"/> Check if using a continuation sheet  |  |
| Describe the work and the impact on the feature:  |  |
| Entire structure to be manually scraped. All bare wood to be primed with oil primer. All surfaces to receive a minimum of one coat of Benjamin Moore latex paint. |  |
| <input type="checkbox"/> Check if using a continuation sheet  |  |

**HISTORIC PRESERVATION CERTIFICATION APPLICATION**  
**PART 2 – DESCRIPTION OF REHABILITATION**  
**Michigan State Historic Preservation Office**

SHPO USE ONLY

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**6. Detailed Description of Rehabilitation Work, cont.**

|   |  |
|---|--|
| Item #  | Architectural feature <u>      <b>furnace, hot water heater</b>      </u> Date of feature <u>      <b>1985</b>      </u> |
| 3   | Photograph number(s) <u>      <b>#9</b>      </u> Drawing number(s) _____  |
| Describe the feature and its current condition:   |  |
| <p style="margin: 0;"><b>Both the furnace and hot water heater need to be replaced. Duct runs were inefficient. Furnace lacked central air conditioning. Hot water heater is corroded</b></p>   |  |
| <input type="checkbox"/> Check if using a continuation sheet  |  |
| Describe the work and the impact on the feature:  |  |
| <p style="margin: 0;"><b>Have selected a Lennox "Complete Heat" unit which combines forced air with domestic hot water. Central air conditioning will also be installed. Installation will have zero impact on the resource. All original registers and returns will remain</b></p> |  |
| <input type="checkbox"/> Check if using a continuation sheet  |  |

**HISTORIC PRESERVATION CERTIFICATION APPLICATION**  
**PART 2 – DESCRIPTION OF REHABILITATION**  
**Michigan State Historic Preservation Office**

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**6. Detailed Description of Rehabilitation Work, cont.**

|   |  |
|---|--|
| <b>Item #</b>   | Architectural feature <u>bedroom walls</u> Date of feature <u>1985</u> |
| <b>4</b>  | Photograph number(s) <u>#12, 14</u> Drawing number(s) _____            |
| Describe the feature and its current condition:   |  |
| <p style="text-align: center;"><b>One wall is unevenly plastered. Plaster is cracked and has separated from lath.</b></p> |  |
| <input type="checkbox"/> Check if using a continuation sheet  |  |
| Describe the work and the impact on the feature:  |  |
| <p style="text-align: center;"><b>Loose plaster will be removed and patched. Finished wall will be re-wallpapered</b></p> |  |
| <input type="checkbox"/> Check if using a continuation sheet  |  |

**HISTORIC PRESERVATION CERTIFICATION APPLICATION**  
**VERIFICATION OF THE STATE EQUALIZED VALUE (SEV)**  
**Michigan State Historic Preservation Office**

SHPO USE ONLY

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Type or print clearly in black ink.

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**1. Resource Information**

Historic name \_\_\_\_\_ **1234 Smith Ave (Or John and Mary Doe House if you have that info)** \_\_\_\_\_

Address: Street \_\_\_\_\_ **1234 Smith Ave** \_\_\_\_\_

City \_\_\_\_\_ **Kalamazoo** \_\_\_\_\_ County \_\_\_\_\_ **Kalamazoo** Zip \_\_\_\_\_ **49007**

**2. Owner of Resource**

Name(s) A) \_\_\_\_\_ **Floyd and Irene Jones** \_\_\_\_\_

B) \_\_\_\_\_

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

Signature of owner(s) A) \_\_\_\_\_ *Floyd Jones* \_\_\_\_\_ Date \_\_\_\_\_ **03/26/09** \_\_\_\_\_

B) \_\_\_\_\_ *Irene Jones* \_\_\_\_\_ Date \_\_\_\_\_ **03/26/09** \_\_\_\_\_

Daytime telephone number \_\_\_\_\_ **(999) 880-5555** \_\_\_\_\_ E-mail \_\_\_\_\_ **fandijones@gmail.com** \_\_\_\_\_

**3. Verification – Must be completed by an official representative of the local unit of government.**

The State Equalized Value(SEV) of the above-named property \$ \_\_\_\_\_ **42,200** \_\_\_\_\_ Year \_\_\_\_\_ **2009** \_\_\_\_\_

Name of official representative \_\_\_\_\_ *Andrea Phillips* \_\_\_\_\_

Title of official representative \_\_\_\_\_ *Appraiser* \_\_\_\_\_

Address of local unit of government:

Street \_\_\_\_\_ **241 West South St.** \_\_\_\_\_

City \_\_\_\_\_ **Kalamazoo** \_\_\_\_\_ County \_\_\_\_\_ **Kalamazoo** Zip \_\_\_\_\_ **49007**

*I hereby attest that the State Equalized Value (SEV) is, to the best of my knowledge, correct, for the above-named property.*

\_\_\_\_\_  
*Andrea Phillips*

Signature of official representative

\_\_\_\_\_  
*March 25, 2009*

Date

**HISTORIC PRESERVATION CERTIFICATION APPLICATION**  
**AMENDMENT SHEET**  
**Michigan State Historic Preservation Office**

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Type or print clearly in black ink.

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**1. Resource Information**

Name(s) A) Floyd and Irene Jones

B) \_\_\_\_\_

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

Signature of owner(s) A) Floyd Jones Date 03/26/09

B) Irene Jones Date 03/26/09

Daytime telephone number (999) 880-5555 E-mail fandijones@gmail.com

**3. Owner Address (if different than resource address)**

Address of owner: Street SAME

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime telephone number \_\_\_\_\_ E-mail \_\_\_\_\_

**4. Project Contact (if different than owner)**

Name SAME

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime telephone number \_\_\_\_\_ E-mail \_\_\_\_\_

**HISTORIC PRESERVATION CERTIFICATION APPLICATION**  
**AMENDMENT SHEET**  
**Michigan State Historic Preservation Office**

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**5. Description of Changes**

Check if using a continuation sheet.

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**Michigan State Historic Preservation Office Use Only**

The Michigan State Historic Preservation Office has reviewed these project amendments for the above-named resource and hereby determines that:

- the amendments described herein are consistent with the historic character of the above-named resource and conform to the Secretary of the Interior's Standards for Rehabilitation. 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 Standards for Rehabilitation if the attached conditions are met (see attached letter).
- the amendments described herein are inconsistent with the historic character of the above-mentioned resource and do not conform to the Secretary of the Interior's Standards for Rehabilitation. Therefore, the amendments as described cannot be certified (see attached letter).

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Brian Conway, State Historic Preservation Officer

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Date

**HISTORIC PRESERVATION CERTIFICATION APPLICATION**  
**PART 3 – REQUEST FOR CERTIFICATION OF COMPLETED WORK**  
**Michigan State Historic Preservation Office**

SHPO USE ONLY

Site Number

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Type or print clearly in black ink.

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**1. Resource Information**

Historic name \_\_\_\_\_ **1234 Smith Ave (Or John and Mary Doe House if you have that info** \_\_\_\_\_

Address: Street \_\_\_\_\_ **1234 Smith Ave** \_\_\_\_\_

City \_\_\_\_\_ **Kalamazoo** \_\_\_\_\_ County \_\_\_\_\_ **Kalamazoo** Zip \_\_\_\_\_ **49007** \_\_\_\_\_

**2. Owner of Resource**

Name(s) A) \_\_\_\_\_ **Floyd and Irene Jones** \_\_\_\_\_

B) \_\_\_\_\_

Social Security Number(s) or Taxpayer Identification Number(s): A) \_\_\_\_\_ **777-77-77777** \_\_\_\_\_

B) \_\_\_\_\_

*I hereby apply for certification of rehabilitation work completed on the resource described above for the purposes of State of Michigan tax credits. I hereby attest that the information I have provided is, to the best of my knowledge, correct, and that I own the resource described above.*

Signature of owner(s) A) \_\_\_\_\_ **Floyd Jones** \_\_\_\_\_ Date \_\_\_\_\_ **03/26/09** \_\_\_\_\_

B) \_\_\_\_\_ **Irene Jones** \_\_\_\_\_ Date \_\_\_\_\_ **03/26/09** \_\_\_\_\_

Daytime telephone number \_\_\_\_\_ **(999) 880-5555** \_\_\_\_\_ E-mail \_\_\_\_\_ **fandijones@gmail.com** \_\_\_\_\_

**3. Data on Rehabilitation Project**

Date rehabilitation work on this resource began \_\_\_\_\_ **May 21, 2007** \_\_\_\_\_

Date rehabilitation work on this resource was completed \_\_\_\_\_ **August 30, 2009** \_\_\_\_\_

Final cost attributed solely to rehabilitation of the resource \$ \_\_\_\_\_ **\$21,646.66** \_\_\_\_\_

Final cost attributed solely to new construction associated with rehabilitation \$ \_\_\_\_\_ **N/A** \_\_\_\_\_

4. [  ] The fee for the review of the Part 3 application is included. See instructions for appropriate remittance.

**HISTORIC PRESERVATION CERTIFICATION APPLICATION**  
**PART 3 – REQUEST FOR CERTIFICATION OF COMPLETED WORK**  
**Michigan State Historic Preservation Office**

SHPO USE ONLY

Site Number

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State Project Number

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**5. Owner Address (if different than resource address)**

Address of owner: Street SAME  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime telephone number \_\_\_\_\_ E-mail \_\_\_\_\_

**6. Project Contact (if different than owner)**

Name SAME  
Address: Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime telephone number \_\_\_\_\_ E-mail \_\_\_\_\_

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**Michigan State Historic Preservation Office Use Only**

The Michigan State Historic Preservation Office has reviewed the Part 3 – Request for Certification of Completed Work for the above-named resource and hereby determines that:

- the completed rehabilitation is consistent with the historic character of the above-named resource and conforms to the Secretary of the Interior's Standards for Rehabilitation. Effective the date indicated below, the rehabilitation of the resource is hereby designated a certified rehabilitation and the owner is eligible for the income tax credit indicated. A copy of this signed certification will be provided to the Michigan Department of Treasury in accordance with state law. This letter of certification is to be used in conjunction with appropriate Michigan Department of Treasury regulations. The State of Michigan reserves the right to make inspections at any time up to five years after the completion of the rehabilitation and to revoke certification if it is determined that the rehabilitation project was not undertaken as presented by the resource owner(s) in the application form and supporting documentation, or the resource owner(s), upon obtaining certification, undertook unapproved further alterations inconsistent with the Standards for Rehabilitation.
- the completed rehabilitation is not consistent with the historic character of the above-named resource and does not conform to the Secretary of the Interior's Standards for Rehabilitation and is therefore not certified (see attached letter).

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Brian Conway, State Historic Preservation Officer

Date

**HISTORIC PRESERVATION CERTIFICATION APPLICATION**  
**CONTINUATION SHEET**  
**Michigan State Historic Preservation Office**

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Type or print clearly in black ink.

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This form continues:  Part 1       Part 2       Part 3

Use this sheet for Statements of Significance or any projects where the description is too long or involved for the **PART 2 DESCRIPTION OF REHABILITATION** sheets.