



HISTORIC REHABILITATION APPLICATION: Part 1 of 2

OFFICE OF HISTORIC PRESERVATION
1901 S ALAMO, SAN ANTONIO, TEXAS 78204
210-207-0035 | INFO@SAPRESERVATION.COM

DATE RECEIVED

Staff Initials: _____
Date of HDRC hearing: _____

Use this form :

BEFORE WORK BEGINS

1. **SUBSTANTIAL REHABILITATION TAX INCENTIVE: TAX CERTIFICATION**
2. **CITY OF SAN ANTONIO FEE WAIVER PROGRAM**

This form is to be completed, signed, and filed with the City of San Antonio's Office of Historic Preservation prior to being heard by the Historic & Design Review Commission (HDRC). It will be scheduled according to the HDRC deadline schedule.

REQUIRED DOCUMENTS

- One set of complete plans for restoration and rehabilitation both exterior and interior. This could include drawings or photos and narrative.
- Detailed written narrative explaining the proposed work
- Itemized list of expected work both interior and exterior
- Projected time schedule
- Estimated associated costs
- Color photos of the exterior and interior
- Color photo of the structure from the street

Which program are you applying for? Check all that apply.

City of San Antonio Fee Waiver Program Substantial Rehabilitation Tax Incentive (must be designated historic)

Property Address: _____ **Zip code:** _____

Legal Description: NCB ___ Block ___ Lot ___ Property ID: _____ Search BCAD if unknown.

Zoning Code: _____ Search COSA's One-Stop Map if unknown.

Mark all that apply, if any:

___ Historic District ___ Historic Landmark ___ River Improvement Overlay ___ Public Property ___ Vacant Structure

Property Owner Name: _____

Mailing address: _____ Zip code: _____

Phone number: _____ Email: _____

Applicant/Authorized Representative (Primary point of contact if different than owner): _____

Mailing address: _____ Zip code: _____

Phone number: _____ Email: _____

Spanish translation: Preferiría tener un traductor de español en la audiencia. (I would prefer to have a Spanish translator at the hearing.)

I, THE APPLICANT, DECLARE THAT I AM THE OWNER OR AUTHORIZED AGENT OF THE OWNER(S) TO MAKE THIS REQUEST OF THIS PROPERTY AND THAT THE INFORMATION PRESENTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

I, the applicant, acknowledge (PLEASE INITIAL ALL):

____ This form, nor the approval of Tax Certification, does NOT take place of a Certificate of Appropriateness NOR a building permit. A building permit, if applicable, must be obtained from the City of San Antonio, Development Services Department. If work that required a Certificate of Appropriateness is part of the proposed substantial rehabilitation, that the property owner is responsible for obtain those proper approvals.

____ After work is completed, the applicant MUST submit the tax verification application to be scheduled for HDRC Review.

SIGNATURE OF APPLICANT

DATE

To submit, applicants MUST submit this form in-person to our counter at 1901 S Alamo.