

**Part 4: Historic Preservation Tax Credit Application
(Initial Application)**



General Property Information

Property Address: _____

Tax ID#: _____ Tax Map: ____ Block: ____ Parcel: _____

Property Owner(s):

Name: _____

Mailing Address: _____

Phone/Email: _____

Owner Authorization

I, the applicant, hereby certify that I have read §4-2-311 of the Anne Arundel County Code and that I am entitled to the tax credit for the property described above. I declare under penalties of perjury that all information supplied with this application is true, correct, and complete to the best of my knowledge and belief. I give Anne Arundel County Government permission to take whatever action is necessary to verify the information submitted.

Signature of Owner or Authorized Agent

Date

* Note: if the tax credit for any one year exceeds the amount of the County Real Property bill for that year, the balance may be carried forward until depleted for up to five years. The property owner must apply each year by April 1 to receive the tax credit.

Return this completed Part 4 application to:

Anne Arundel County Office of Finance

Attention: Tax Billing Manager

PO Box 427

Annapolis, MD 21404-0427

410-222-2312

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To be completed by the Office of Planning and Zoning:

Certification

Rehabilitation work on this property has been performed in accordance with Article 4, Title 2 of the Anne Arundel County Code and qualifies for the Anne Arundel County Historic Preservation Tax Credit. A historic preservation easement has been executed and recorded on the property. The property is eligible for a Historic Preservation Tax Credit in the amount of \$_____.

Planning and Zoning Officer or Authorized Agent

Date

To be completed by the Office of Finance

Tax Credit is approved _____ Disapproved _____

Total amount of Tax Credit _____

Signature of Finance Official

Date

Property Tax Credit received

Balance Remaining

\$ _____ FY _____

\$ _____ FY _____

\$ _____ FY _____

\$ _____ FY _____

\$ _____ FY _____
