

**Historic Preservation Tax Credit
Part 2 Addendum: Modification to Proposed Work**



General Property Information

Property Address: _____

Tax ID#: _____

Property Owner(s):

Name: _____

Address: _____

Phone/Email: _____

Briefly describe the proposed change to the original scope of work and reasons for the change.

Owner Authorization

I hereby certify that the information supplied with this form is correct and complete to the best of my knowledge, and authorize such periodic on-site inspections by the Office of Planning and Zoning as may be necessary to assess this work.

Signature of Owner or Authorized Agent

Date

Certification

The modified scope of rehabilitation work described above is approved, and the overall project qualifies for the Anne Arundel County Historic Preservation Tax Credit under Article 4, Title 2 of the Anne Arundel County Code, subject to any comments attached.

Cultural Resources Division

Date