

**Part 4: Historic Preservation Tax Credit Application
(Year 2 – Year 5)**



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 application to:
Anne Arundel County Office of Finance
Attention: Tax Billing Manager
PO Box 427
Annapolis, MD 21404-0427

410-222-2312

To be completed by the Office of Finance

Tax Credit is approved _____ Disapproved _____

Amount of Tax Credit _____ FY _____

Signature of Finance Official

Date