

# New Jersey Historic Preservation Office HISTORIC PRESERVATION TAX INCENTIVES: CERTIFICATION APPLICATION Transmittal Log Form

Rev. 7/2023

I. PRO	DJECT D	ETAILS										,
Prior Project Numbers: (if applicable)					HPO #:				NPS #:			
Proje	ct / Pro	perty Nar	ne:									
<b>Location:</b> County:			Municipality:									
	S	treet Addr	ess:									
		BI	ock:			Lot:						
Phase	e:		Pai	rt 1		Part 2	2		Part 3		Amendment	
II. CO	NTACT	DETAILS										
		Name:										
		ganization:										
		g Address:										
	City/	'State/Zip:							/		/	
	T A CL IB	Phone:					E	mail:				
	TACHN		al		nda da i NIII	IDO	ا مامام					Dogwood
IN	Please email this form and attachments to: <a href="NJHPO@dep.nj.gov">NJHPO@dep.nj.gov</a> Request  Upload Link  documentation listed below can be uploaded to an online folder shared to the email of the contact above.											
Check the upload link request box to enable uploads.												
All attachments must follow the file format and naming conventions established by NPS.  See instructions below for minimum documentation requirements for each phase.												
#	Attachment Name:											
1.												
2.												
3.												
4.												
5.												
6. 7.												
8.												
9												
10.												
11.												
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16.												
17.												
18.												
19.												
20.												
Notes	5:											



## TRANSMITTAL LOG FORM INSTRUCTIONS

This form implements the NPS electronic submission process for Historic Preservation Tax Incentives Certification Applications. Please fill out the Transmittal Log Form with as much detail as possible. Detailed instructions for each section of the form are provided below.

### I. REVIEW DETAILS

- **Prior Project Numbers:** Once assigned, include the prior HPO Project Number and NPS Number. These may not apply to initial Part 1 submissions.
- **Project/Property Name:** Provide the name of the project or property for which this submission is being made.
- Location: Provide the physical location of the project or property for which this submission is being made.
  - o **County:** NJ County in which the project or property is located.
  - o **Municipality:** NJ Municipality in which the project or property is located.
  - Street Address: Physical street address for the project or property.
  - o Block/Lot: Primary tax parcel identifier; List additional tax parcels in the NOTES field below.
- Phase: Check to indicate the ITC phase for which submission is being made: Part 1, 2, 3 or Project Amendment.

### II. CONTACT DETAILS

- Name: Name of the primary contact regarding this submission.
- Organization: Organization name represented by the primary contact.
- Mailing Address: Postal address for the primary contact.
- City / State / Zip: Postal city, state, and zip code for the primary contact.
- **Phone:** Daytime phone number for the primary contact.
- **Email:** Email address for the primary contact. *Note that all communication regarding this submission will be sent to this email address.*

# **III. ATTACHMENTS**

All submissions must meet the minimum documentation requirements for each phase of ITC project review.

- Request Upload Link: Check to request an upload link.
- Attachment Name: List the exact file name of each digital attachment being submitted with this transmittal log.
- Notes: Add any additional information relevant to this transmittal.

DOCUMENTATION:	PART 1	PART 2	PART 3	AMENDMENTS
Transmittal Log (this form)	•	•	•	•
Application Form	•	•	•	•
Photo Log	•	0	•	0
Photos	•	0	•	0
Map(s)	•			0
Existing conditions plans	0	•		0
Proposed conditions plans		•		0
Other	0	0	0	0

Required

O Required if applicable

All documentation must follow NPS file formats and naming conventions for your application to be processed. Detailed instructions are provided by NPS on their website for all aspects of the electronic submission process:

- Historic Preservation Certification Application
- <u>Electronic Submission of Certification Applications</u>