



## HISTORIC REHABILITATION APPLICATION: Part 2 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 :

*AFTER WORK IS COMPLETED*

1. **SUBSTANTIAL REHABILITATION TAX INCENTIVE: TAX VERIFICATION**
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.

Please note that the tax incentive will begin the next available year following the HDRC hearing. OHP staff will notify Bexar County Appraisal District of the approved exemption at the end of the calendar year following verification. BCAD will and require property owners to submit a copy of the approval letter each year in order to claim the incentive.

### REQUIRED DOCUMENTS

- ☐ Detailed written narrative explaining the completed work
- ☐ Itemized list of work completed both interior and exterior
- ☐ Completed time schedule
- ☐ Itemized list of final associated costs
- ☐ Color photos of the exterior and interior
- ☐ Color photo of the home from the street
- ☐ Final Building Inspection clearance: Closed permits or Certificate of Occupancy and Certificates of Appropriateness (copies or case number)

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

☐ City of San Antonio Fee Waiver Program ☐ Substantial Rehabilitation Tax Program (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.)

**Options for the Historic Tax Incentive (must be designated historic)**

Residential properties, may select from one of the two options below.

Commercial properties are only eligible for option 2, the Five Zero/Five Fifty incentive.

☐ **OPTION 1: 10 YEAR TAX FREEZE**

This exemption option freezes your COSA City taxes at the pre-improvement value (value at time of Certification) for ten (10) years. Therefore, your COSA City property taxes would be assessed based upon the value of the property before the substantial rehabilitation occurred.

☐ **OPTION 2: FIVE ZERO/FIVE FIFTY**

This option calls for the payment of zero COSA City taxes for five (5) years. For the subsequent five (5) years, the COSA City property taxes will be assessed at only 50% of the post-rehabilitation value of the property.

**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 Verification 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

\_\_\_\_ Projects with unapproved work or that have exceeded the scope of approval at the time of Certification are ineligible for the tax incentive.

In accordance with the City of San Antonio Ordinances No. 52281 and/or 52282, I hereby swear that substantial rehabilitation of the property listed has been completed according to the criteria and standards of the City of San Antonio Historic and Design Review Commission.

I hereby authorize duly constituted representatives of the City of San Antonio to make an investigation of the property in compliance with the code requirements.

---

SIGNATURE OF APPLICANT

DATE

***Submit by email at [info@sapreservation.com](mailto:info@sapreservation.com)***