

**APPLICATION FOR COLORADO STATE INCOME TAX CREDIT
FOR THE PRESERVATION OF HISTORIC STRUCTURES
(RESIDENTIAL PROPERTY – 2014 CREDIT)**

Pursuant to House Bill 14-1311 (CRS 39-22-514.5)

PART 2 -- FINAL APPROVAL

1. PROPERTY INFORMATION

Name of Property:

Address:

City/Town:

County:

Zip:

Name of Registered Historic District:

Property Type: Personal

Use of Property: Current:

After Rehabilitation:

Legal Description:

2. APPLICANT INFORMATION (taxpayer claiming the credit)

Name:

Type of Entity: Individual

Partnership: General Limited

Corporation: Regular Subchapter S

Limited Liability Company

Name of authorized company official (if applicant is not an individual):

Business address:

City/Town:

State:

Zip:

Telephone:

Residential address:

City/Town:

State:

Zip:

Telephone:

Taxpayer Identification Number (or Social Security Number):

If more than one taxpayer intends to claim the credit, include on a separate sheet the name, address and taxpayer ID number for all taxpayers intending to claim the credit.

3. OWNER INFORMATION, if applicant is other than owner (if owner is applicant, write "same")

Name:

Address:

City/Town:

State:

Zip:

Telephone:

4. PROJECT CONTACT

Applicant

Owner

Other (specify below)

Name:

Address:

City/Town:

State:

Zip:

Telephone:

5. PROJECT STARTING DATE:
PROJECT COMPLETION DATE:

6. PHOTOGRAPHS OF THE PROPERTY MUST BE INCLUDED (see instructions)

7. PROJECT COSTS
Itemized:

Total qualified costs:

Total project cost:

8. APPLICANT'S SIGNATURE

I hereby attest that I am the property's owner or a qualified tenant with a lease of five or more years, that all work on this project has been completed and executed according to the proposed project description as stated in Part 1 and approved by the Reviewing Entity, and that all itemized costs are allowable to claim for tax credits under CRS 39-22-514.5 (2)(k)(II). I hereby agree to allow representatives of the reviewing entity access to the property as may be necessary and reasonable for the final approval of the completed work.

Signature:  Date: _____

CERTIFICATION
(for official use only)

Name of Property:

Applicant:

The Reviewing Entity has reviewed this application and:

Approves the completed work

Does not approve the completed work

Returns the application and requests additional information as stated below before the application will be reconsidered.

Other

TOTAL APPROVED AMOUNT FOR REHABILITATION:

Signature: _____ Reviewing Entity: _____ Date: _____
(specify SHPO or name of CLG)

****** NOTICE TO TAXPAYER ******

DO NOT FILE THIS FORM WITH YOUR TAX RETURN



Project Proposal

Prepared for: Matthew Donovan

Prepared by: Pete Archuleta

September 6, 2023

Proposal number: 620 N. Ogden St.

This proposal includes the following work at 620 N. Ogden St.

- 14 wooden storm windows custom built and installed, 13 with the screen option.
 - Includes priming of the storm windows and one coat of paint.
 - Includes fitting and installation.
 - Does not include window repairs or cleaning.
 - The glazing will not be painted. It requires 2 to 3 months to dry.
-

Schedule

Compass Glass Co. estimates construction of the windows to be 30 business days. Fitting the windows will take one day. Installation is expected to also take one day. Work will be scheduled when deposit is received.

Price

Compass Glass Co. will bill the following fees to complete the work described above.

Labor and Materials	\$8,113.58
	<u>-5% \$405.68</u>
	New total \$7,707.90

The first payment of \$3,853.95 is due at the time of the fitting. The final payment of \$3,853.95 is due at the completion of the project. Prices quoted are valid for 30 days from date of this proposal.

Conclusion

Thank you for your consideration. If you have any questions or concerns, please do not hesitate to contact me. Compass Glass Co. looks forward to working with you on your project. Our goal is to complete your project in an efficient manner that meets or exceeds your expectations.

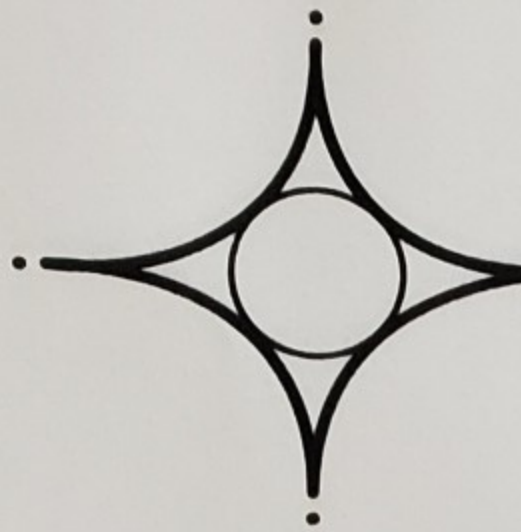
Sincerely,

Pete Archuleta, Compass Glass Co.

_____ Date:_____

Accepted By:

_____ Date:_____



COMPASS GLASS CO.

5310 TENNYSON STREET
DENVER, COLORADO 80212
Phone 303-455-5151

CUSTOMER'S ORDER NO.		PHONE		DATE 3-27-24			
NAME		Matt Hew DOWDYAN					
ADDRESS		620 N Ogden ST					
SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RETD	PAID OUT	
QTY.	DESCRIPTION					PRICE	AMOUNT
14	Wooden Storm windows, 13 With screen option						
	Plain Fall						
	CHK						
RECEIVED BY						TAX	
						TOTAL	707.90

All claims and returned goods MUST be accompanied by this bill

Thank You

PHOTOS 7 TO 16 - AFTER THE PROJECT

PHOTO 7



PHOTO 8



PHOTO 9



PHOTO 10



PHOTO 11



PHOTO 12



PHOTO 13



PHOTO 14



PHOTO 15



PHOTO 16

