

**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 1 -- PRELIMINARY APPROVAL

1. PROPERTY INFORMATION

Name of Property: **727 N Marion St**

Address:

City/Town: **Denver** County: **Denver** Zip: **80218**

Name of Registered Historic District:
7th Avenue Historical District

Legal Description:

Lot 30, and the North 4 Feet of Lot 29, and the South one-half of Lot 31, Block 149, South Division of Capitol Hill, City and County of Denver, State of Colorado

2. APPLICANT INFORMATION (taxpayer claiming the credit)

Name: **Andrew Lee**

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: **727 N Marion St**

City/Town: **Denver** State: **CO** Zip: **80218**

Telephone: **(215) 667-9790**

Taxpayer Identification Number (or Social Security Number): **To be submitted on Part 2 as per Abbey Christman**

Applicant is: (check one) owner tenant

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: **same**

City/Town: State: Zip:

Telephone:

4. PROJECT CONTACT

Applicant Owner Other (specify below)

Name: **Andrew Lee**

Address: **727 N Marion St**

City/Town: **Denver**

State: **CO**

Zip: **80218**

Telephone: **(215) 667-9790**

5. PROPERTY DESCRIPTION (see instructions):

**727 N Marion St
Denver, CO 80218**

**Lot 30, and the North 4 feet of Lot 29, and the South One-Half of Lot 31, Block 149,
South Division of Capitol Hill, City and County of Denver, State of Colorado**

Original Date of construction: **1906**

6. PHOTOGRAPHS OF THE PROPERTY MUST BE INCLUDED (see instructions)
(if drawings are available, they should also be included)

7. DESCRIPTION OF REHABILITATION

1. Architectural Feature:
Describe feature and its condition:
Roof was damaged in hail storm in May 2024

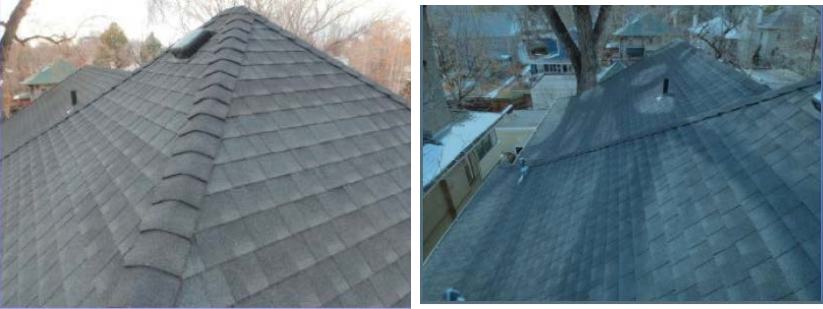


Photo no.

Drawing no.

Describe work/impact on feature:

Roof replacement

2. These are additional pictures from the old roof.



Photo no.

Drawing no.

Describe work/impact on feature:

All pictures from House Inspection 2021 available upon request.

3. Architectural Feature:
Air Conditioner to be replaced
Describe feature and its condition:



Photo no.

Describe work/impact on feature:
Air Conditioner was replaced in 2024



8. COST ESTIMATE OF PROPOSED WORK

Itemized: Roof Replacement: \$16,367.79
Air Conditioner Replacement: \$8,750.00

Total: \$25,117.79

Estimated total qualified costs:

\$25,117.79

Estimated total project cost:

\$25,117.79

9. PROJECT STARTING DATE: Air Conditioner replaced July 18, 2024
Roof replacement starting December 18-20, 2024

PROJECT COMPLETION DATE: AC complete July 18, 2024 and roof complete Dec 20, 2024

10. APPLICATION FEE SUBMITTED: \$500 (refer to Publication 1322b for more details)

11. APPLICANT'S SIGNATURE

I hereby apply for preliminary approval to proceed with the above described work for which I intend to claim a state income tax credit for historic rehabilitation. I attest that I am the property's owner or a qualified tenant with a lease of five or more years and that the information I have provided is, to the best of my knowledge, true and correct. I hereby agree to allow representatives of the Reviewing Entity access to the property as may be necessary and reasonable for the review and approval of this application.

Signature: Andrew Lee

Date: 12/16/24