



**STATE OF ARIZONA HISTORIC PROPERTY TAX
RECLASSIFICATION RENEWAL APPLICATION FOR
RESIDENTIAL, OWNER-OCCUPIED PROPERTIES**

Submit the completed form and photos to your County Assessor. You will receive a copy after the application has been processed. Please call (602) 542-4009 if you have any questions. Please type or print clearly.

ASSESSOR USE ONLY		
BOOK	MAP	PARCEL
Items 2, 3, & 4 ____ have ____ have not been verified by the County Assessor.		
By: _____		
Date: _____		

- Address of the property: Street: _____ City: _____
County: _____ Zip Code: _____
- Legal Description and/or Assessor's Parcel ID #: _____
- Property Use: Owner-occupied Residential
 Other *non-income producing* use. Explain: _____
- Name of Owner on Tax Roll: _____ Phone: (____) _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
- Property is listed on the National Register of Historic Places:
 Within the following neighborhood or historic district (if known): _____
 Individually and has the following historic name (if known): _____
- Date of Original Construction : _____ Original Site Moved.
- Describe any exterior changes to the building since it was constructed. Attach a separate sheet if necessary.

8. Enclose two photographs clearly showing the front of the house and another showing the front and side of the house. Label photographs on the back with the address of the property, the owner's name, the Tax Parcel ID number and the date on which the photographs were taken.
PLEASE DO NOT SEND POLAROID PICTURES.

*I (we) hereby attest that the information provided is, to the best of my knowledge, correct and that I am the owner of said property. I hereby consent to abide by Arizona State Parks Board Rules & Regulations pursuant to ARS § 42-12101 and ARS § 42-12102 through §42-12108 as amended; maintain the architectural integrity of the property; provide the State Historic Preservation Officer with plans for alterations for review **prior** to implementation; submit a report, if requested, per the required form, to the State Historic Preservation Officer describing the condition of said property and any alterations made; allow the State Historic Preservation Officer or his representative, to view the premises of the above property; understand the penalties involved if decertified; and understand that this classification is granted for 15 consecutive years if classified as non-commercial historic property.* (NOTE: **ALL CURRENT OWNERS MUST SIGN BELOW.**)

Signature: _____ Date: _____
Signature: _____ Date: _____
Signature: _____ Date: _____

FOR SHPO USE ONLY:

The property described above is included within the boundaries of the _____ National Register Historic District and contributes to the character of the district. Date listed: _____.

The individual property described above was entered into the National Register of Historic Places on: _____.

The property described above is listed neither individually nor as a contributor to a National Register Historic District.

The property described above currently meets does NOT meet the minimum maintenance standards of the Arizona State Parks Board (*Rule 12-8-306*).

I hereby certify that the described property qualifies as a non-commercial historic property pursuant to ARS § 42-12101, as amended.

I hereby certify that the described property **does NOT** qualify as an historic property pursuant to ARS § 42-12101, as amended.

Signature: _____ Date: _____
State Historic Preservation Officer/Assignee