



ARIZONA STATE HISTORIC PROPERTY TAX PROGRAM AFFIDAVIT OF CHANGE OF OWNERSHIP

Historic Property Name (If Applicable): _____

Property Address: _____

City: _____ AZ Zip: _____

Historic District (If Applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone number: () _____

Property is: Owner-occupied residential Rental residential
 Owner-occupied residential/Rental combination Commercial

I (we) hereby certify that I (we), _____, am (are) the new owner(s) of the above referenced historic property, and that I (we) wish to have this property remain classified as historic and will maintain said property in accordance with Arizona laws and rules applicable to residential, commercial industrial, or commercial-rental Historic Property classification. I (we) hereby consent to abide by Arizona State Parks Board Rules & Regulations pursuant to ARS §42-12101,42-12008, 42-12009, 42-12010, 42-12108, as amended; maintain the architectural integrity of the property; provide the SHPO 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 designee, to view the premises of the above property; understand the penalties involved if decertified; and understand that this classification is granted for only 15 consecutive years if classified as non-commercial historic property or 10 consecutive years if classified as commercial historic property. By signing below, I am acknowledging that I understand all the requirements of this program.

(Note: ALL CURRENT OWNERS MUST SIGN BELOW)

Owner Signature: _____ Date: _____

Co-Owner Signature: _____ Date: _____

Co-Owner Signature: _____ Date: _____

Notary Validation: _____ Date: _____

Return to: Erika Finbraaten
State Historic Preservation Office
1300 West Washington Street
Phoenix, AZ 85007

