



**HISTORIC PRESERVATION CERTIFICATION APPLICATION
AMENDMENT / ADVISORY DETERMINATION**

RECEIVED
APR 08 2019
NATIONAL PARK SERVICE
HISTORIC PRESERVATION PROGRAM

FEB 25 2019

NPS Project Number
30285

Instructions: This page must bear the applicant's original signature and must be dated.

1. Property name IDAO Apartments TX13-1024
Property address 910 Marlborough Street DETROIT, MI

2. This form includes additional information requested by NPS for an application currently on hold.
 updates applicant or contact information.
 amends a previously submitted Part 1 Part 2 Part 3 application.
 requests an advisory determination that phase _____ of _____ phases of this rehabilitation project meets the Secretary of the Interior's Standards for Rehabilitation. Phase completion date _____
 Estimated rehabilitation costs of phase (QRE) _____

Summarize information here; continue on following page if necessary.

Amendment 2 proposes project revisions

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MAY 06 2019
HERITAGE CONSULTING GROUP

3. Project Contact (if different from applicant)
 Name John M. Tess, President Company Heritage Consulting Group
 Street 1120 NW Northrup Street City Portland State OR
 Zip 97209-2852 Telephone (503) 228-0272 Email Address jmtess@heritage-consulting.com

4. Applicant
 I hereby attest that the information I have provided is, to the best of my knowledge, correct. I further attest that [check one or both boxes, as applicable] (1) I am the owner of the above-described property within the meaning of "owner" set forth in 36 CFR § 67.2 (2011), and/or (2) if I am not the fee simple owner of the above-described property, the fee simple owner is aware of the action I am taking relative to this application and has no objection, as noted in a written statement from the owner, a copy of which (i) either is attached to this application form and incorporated herein, or has been previously submitted, and (ii) meets the requirements of 36 CFR § 67.3(a)(1) (2011). For purposes of this attestation, the singular shall include the plural wherever appropriate. I understand that knowing and willful falsification of factual representations in this application may subject me to fines and imprisonment under 18 U.S.C. § 1001, which, under certain circumstances, provides for imprisonment of up to 8 years.

Name Kathy Makino Signature [Signature] Date 2-21-19
 Applicant Entity Shelbourne Development Company LLC SSN _____ or TIN 36-3586430
 Street 8445 East Jefferson Avenue City Detroit State MI
 Zip 48214-2721 Telephone (734) 905-8323 Email Address kathysmakino@aol.com

Applicant, SSN, or TIN has changed since previously submitted application.

NPS Official Use Only

The National Park Service has reviewed this amendment to the Historic Preservation Certification Application and has determined that the amendment:

- meets the Secretary of the Interior's Standards for Rehabilitation.
 will meet the Secretary of the Interior's Standard for Rehabilitation if the attached conditions are met.
 does not meet the Secretary of the Interior's Standards for Rehabilitation.
 updates the information on file and does not affect the certification.

Advisory Determinations:

- The National Park Service has determined that the work completed in this phase is consistent with the Secretary of the Interior's Standards for Rehabilitation. This determination is advisory only. A formal certification of rehabilitation can be issued only after all rehabilitation work and any associated site work or new construction have been completed. This approval could be superseded if it is found that the overall rehabilitation does not meet the Secretary's Standards. A copy of this form will be provided to the Internal Revenue Service.

Date 4/30/19 National Park Service Authorized Signature [Signature] 202-354-2032

NPS conditions or comments attached