



# NEIGHBORHOOD INITIATIVE PROGRAM

AN OHIO HARDEST HIT FUND PROJECT

57 East Main Street | Columbus, OH 43215 | [www.ohiohome.org](http://www.ohiohome.org) | [NIP@ohiohome.org](mailto:NIP@ohiohome.org) | 614.728.6720

## **NIP Historic Waiver Form**

*Instructions: Neighborhood Initiative Program Partners must complete this form if a proposed property is subject to the historic review requirements set forth in section 6(E) of the NIP Guidelines. Please note that any property individually listed on the National Register of Historic Places (NRHP) or a contributing building in a historic district listed on the NRHP is not eligible for NIP under any circumstances. Properties not on the NRHP that are less than fifty (50) years old do not require approval. Where a local historic preservation review board or process is available, that process is determinative and this form is not required. You may attach a second page if additional space is needed.*

Partner: \_\_\_\_\_ (the "Partner")

Parcel ID: \_\_\_\_\_

Target Area: \_\_\_\_\_

### **Please check all that apply:**

- Property is at least 50 years old;
- Property is listed in the Ohio Historic Inventory;
- Property is not individually listed on the NHRP or a contributing building in a historic district listed on the NRHP;
- Property may have "historic significance" individually or via proximity to a historic district;
- No local historic preservation design review authority exists;
- Upon information and belief, no funds are available to preserve the property;
- I have confirmed the above information is accurate based on the OHPO Online GIS mapping system.

### **Please answer the following to the best of your ability:**

Property Address/Location:

Description of the Property:

Date building and any adjacent buildings were built:



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List of any adjacent properties on or eligible for the NRHP:

Condition Assessment:

Recent Transfers:

Alternative treatments considered and the cost of each:

Reason "historic significance" is suspected, if applicable:

Other information warranting consideration:

I am a duly authorized representative of the Partner with the authority to execute this waiver form on behalf of the Partner. I have read and understand the NIP Guidelines and other governing documents related to this program. I certify that the statements contained above are accurate and this waiver complies with all NIP guidelines and governing regulations.

Signature of Certifying Individual: \_\_\_\_\_  
Name of Certifying Individual: \_\_\_\_\_ Date \_\_\_\_\_

OHPO Recommendation:	Approve Waiver	Deny Waiver
Signature of OHPO Staff:	_____	Date _____
OHFA Determination:	Approved Waiver	Waiver Denied
Signature of OHFA Staff:	_____	Date _____