

REHABILITATION/RESTORATION/MAINTENANCE PLAN

Use this template to create a detailed work plan to be completed in the first 10 years of the contract. Recall that all work must be consistent with the Secretary of the Interior's Standards for Rehabilitation (see Application Guide Appendices), and properties which have already been fully rehabilitated or restored, and do not need additional work, are not eligible. Work that is visible from the public right-of-way, corrects any critical systems or structural deficiencies, and preserves historic features of the property should be given first priority. Duplicate this form as needed or provide additional sheets to include all work plan items. **Remember that all exterior work on historic properties requires prior City approval through a Certificate of Appropriateness, and that any unpermitted work could be subject to fines, penalties, or might have to be modified, removed or redone at owner expense.**

Property Name and Address: _____

<p>Item No.: _____</p> <p>Building Feature:</p> <p>_____</p> <p>Completion Year: 20 _____</p>	<p>Detailed description of work:</p>
<p>Plan to Use Long Beach Vendors For Materials/Labor:</p> <p><input type="checkbox"/> Yes (If Yes, specify/list) <input type="checkbox"/> No</p>	<p>Specify/list:</p>
<p>Item No.: _____</p> <p>Building Feature:</p> <p>_____</p> <p>Completion Year: 20 _____</p>	<p>Detailed description of work:</p>
<p>Plan to Use Long Beach Vendors For Materials/Labor:</p> <p><input type="checkbox"/> Yes (If Yes, specify/list) <input type="checkbox"/> No</p>	<p>Specify/list:</p>

City of Long Beach
MILLS ACT PROPERTY TAX INCENTIVE PROGRAM

Property Name and Address: _____

Item No.: _____ Building Feature: _____ Completion Year: 20 _____	Detailed description of work:
Plan to Use Long Beach Vendors For Materials/Labor: <input type="checkbox"/> Yes (If Yes, specify/list) <input type="checkbox"/> No	Specify/list:
Item No.: _____ Building Feature: _____ Completion Year: 20 _____	Detailed description of work:
Plan to Use Long Beach Vendors For Materials/Labor: <input type="checkbox"/> Yes (If Yes, specify/list) <input type="checkbox"/> No	Specify/list:
Item No.: _____ Building Feature: _____ Completion Year: 20 _____	Detailed description of work:
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NOTE: Please ensure that the current condition of all building features proposed for rehabilitation/restoration/maintenance as part of this work plan are clearly photographed or otherwise documented and labelled as required, and submitted with the Mills Act Application (see Application Guide page 10).

This form is available in alternative format by request at 562.570.3807. For an electronic version, visit our website at www.lbds.info.





















