



Property Tax Assessment Freeze Program Certificate of Rehabilitation Application

PART 1 Certification of a Historic Building

Mail to: Rev. 1/19
State Historic Preservation Office
Tax Incentives
Department of Natural Resources
1 Old State Capitol Plaza
Springfield, IL 62701

1. Property Information Property name (if applicable) _____

Street Address _____

City _____ County _____ Zip _____

Property listed individually on the National Register of Historic Places

Property a local landmark (attach designation ordinance or municipality's pertinent webpage)

Property contributes to a National Register historic district (attach district map with property marked)

Property contributes to a local historic district (attach district map with property marked)

Name of local or NR historic district: _____

Pending landmark (attach supporting documentation)

2. Project contact (if different from Owner)

Name _____

Address _____ City _____ Zip _____

Phone _____ Email _____

3. Statement of significance for properties in historic districts (maximum of 50 words)

Date of construction _____ Original architect (if known) _____

4. Owner

I hereby attest that the information I have provided is, to the best of my knowledge, correct and that I own the property described above.

Name _____

Signature _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

5. Materials that must be submitted with this completed and signed form

A. Recently taken color photographs showing exterior views of the property

B. Proof of historic status for properties in districts and for pending designations