



Property Tax Assessment Freeze Program Certificate of Rehabilitation Application

PART 1 Certification of a Historic Building

Submit digitally via: Rev. 6/20
<https://filet.illinois.gov/file/PIMupload.asp> and designate the recipient as SHPO.Freeze@illinois.gov

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 (submit designation ordinance or municipality's pertinent webpage)

Property contributes to a National Register historic district (submit district map with property

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

Name of local or NR historic district: _____

Historic designation is pending (submit 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