



# Property Tax Assessment Freeze Program

## Certificate of Rehabilitation Application

Mail with Part 2 form to: Rev. 1/19  
State Historic Preservation Office  
Tax Incentives  
Department of Natural Resources  
1 Old State Capitol Plaza  
Springfield, IL 62701

### PART 2

#### Description of Rehabilitation Plan, Sheet \_\_\_\_\_

Property name \_\_\_\_\_ Street address \_\_\_\_\_ City \_\_\_\_\_

Item Number _____	Architectural feature _____	Approximate date of feature _____
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**Describe existing feature and its condition**

Photo numbers \_\_\_\_\_ Drawing numbers \_\_\_\_\_

**Describe work and impact on feature**

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