



Property Tax Assessment Freeze Program

Certificate of Rehabilitation Application

Submit with Part 2 via: Rev. 6/20

<https://filet.illinois.gov/filet/PIMupload.asp> and designate the recipient as SHPO. ree e@illinois.gov

PART 2

Description of Rehabilitation Plan, Sheet _____

Property name _____ Street address _____ City _____

Item Number _____	Architectural feature _____	Approximate date of feature _____
-------------------	-----------------------------	-----------------------------------

Describe existing feature and its condition

Photo numbers _____ Drawing numbers _____

Describe work and impact on feature

Item Number _____	Architectural feature _____	Approximate date of feature _____
-------------------	-----------------------------	-----------------------------------

Describe existing feature and its condition

Photo numbers _____ Drawing numbers _____

Describe work and impact on feature



Property Tax Assessment Freeze Program

Certificate of Rehabilitation Application

Submit with Part 2 via: Rev. 6/20

<https://filet.illinois.gov/filet/PIMupload.asp> and designate the recipient as SHPO.Freeze@illinois.gov

PART 2

Description of Rehabilitation Plan, Sheet _____

Property name _____ Street address _____ City _____

Item Number _____	Architectural feature _____	Approximate date of feature _____
-------------------	-----------------------------	-----------------------------------

Describe existing feature and its condition

Photo numbers _____ Drawing numbers _____

Describe work and impact on feature

Item Number _____	Architectural feature _____	Approximate date of feature _____
-------------------	-----------------------------	-----------------------------------

Describe existing feature and its condition

Photo numbers _____ Drawing numbers _____

Describe work and impact on feature