



Property Tax Assessment Freeze Program

Certificate of Rehabilitation Application

Rev. 1/23

PART 1

Certification of a Historic Building

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