



Property Tax Assessment Freeze Program

Certificate of Rehabilitation Application

Rev. 1/23

PART 2

Request for Approval of a Rehabilitation Plan

We highly recommend that you receive approval of this form prior to beginning construction. The SHPO bases its approval on the description in this Application. In the event of a discrepancy between the Application and other material (such as architectural plans), the Application takes precedence.

1. Property information Property name (if applicable) _____
Street Address _____
City _____ County _____ Zip _____

2. Project data
Estimated start date _____ Estimated rehab cost _____
Estimated completion date _____ Floor area before/after rehab. _____ / _____
Architect/Designer for project (if applicable) _____
Phone _____ Email _____

3. Project contact (if different from Owner)
Name _____
Address _____ City _____ Zip _____
Phone _____ Email _____

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 _____ Zip _____
Phone _____ Email _____

5. Description of Rehabilitation Plan Using the sheets provided, describe the scope of work in detail. Include site work, new construction, alterations, etc. Use as many of these sheets as you need to describe all work. [Additional sheets are available on our website.](#)

- 6. Materials that must be submitted with this completed and signed form**
- A. Completed "Description of Rehabilitation Plan" sheets
 - B. Labeled, exterior and interior pre-construction photographs
 - C. Architectural or design plans, if prepared



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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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