

STATE OF DELAWARE  
HISTORIC PRESERVATION TAX CREDIT APPLICATION  
PART 2 - DESCRIPTION OF REHABILITATION WORK



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**Property Address**

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**Instructions:** See Historic Preservation Tax Credit Program Guidance for Completing Applications.

Application is incomplete without a Certification of Rehabilitation. Describe the nature of the rehabilitation work that is being proposed/has been completed addressing first exterior features, followed by interior features, systems work, and site work.

Reproduce this page as often as needed, numbering sequentially. If additional space is needed, applicant may use Continuation Sheet.

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**Number:** \_\_\_\_\_ **Rehab Work Category:** \_\_\_\_\_

**Approximate Date of Feature:** \_\_\_\_\_

**Describe existing condition:**

**Describe work to be accomplished:**

**Photo Nos.:** \_\_\_\_\_ **Drawing No.:** \_\_\_\_\_

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