

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

Property Address

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 s Continuation Sheet.

Number _____ **Rehab Work Category** _____ **Approximate Date of Feature** _____

Describe existing condition:

Describe work to be accomplished:

Photo Nos. _____ **Drawing No.** _____

Number _____ **Rehab Work Category** _____ **Approximate Date of Feature** _____

Describe existing condition:

Describe work to be accomplished:

Photo Nos. _____ **Drawing No.** _____

Number _____ **Rehab Work Category** _____ **Approximate Date of Feature** _____

Describe existing condition

Describe work to be accomplished:

Photo Nos. _____ **Drawing No.** _____