



AD VALOREM ASSESSMENT FOR HISTORIC BUILDINGS APPLICATION – COVER SHEET

1. Property name: _____

Street: _____

City: _____ County: _____ Alabama Zip: _____

2. Building is:

A contributing resource in an existing National Register historic district or listed individually

Name of district: _____

Eligible as a contributing resource in a potential, updated, or expanded National Register historic district

Name of district: _____

Individually eligible for listing in the National Register of Historic Places

3. Date of construction: _____ Source of date: _____

Date(s) of alteration: _____ Source of date: _____

Has building been moved? _____ If so, when: _____

4. Owner Name: _____

Street: _____

City: _____ County: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____

5. Contact Name (if different from owner): _____

Telephone: _____ Email: _____
