

SOUTH CAROLINA DEPARTMENT OF ARCHIVES AND HISTORY
STATE HISTORIC PRESERVATION OFFICE
REHABILITATED HISTORIC PROPERTY APPLICATION
PART A - PRELIMINARY REVIEW FORM

This application is used by the Department to review rehabilitation work on historic properties, in accordance with South Carolina 1976 Code Section 4-9-195(D), 5-21-140, and pertinent regulations. A separate application should be submitted for each historic building, unless they were functionally-related during the historic period, in which case they can be submitted as a historic complex. Applications must include attachments as listed below to be considered complete. Submit application to Local Property Tax Review, State Historic Preservation Office, SC Department of Archives and History, 8301 Parklane Road, Columbia, SC 29223. For additional information, call: 803-896-6174 or [click here](#).

1. PROPERTY INFORMATION

Historic Name of Property (if known) _____
Address _____
City _____, South Carolina (ZIP) _____
Use: _____ Owner-occupied, or _____ Income-producing
Estimated project start date _____ Estimated project completion date _____
Estimated project costs \$ _____
Has an application for federal Investment Tax Credits been filed for this property? _____ Yes _____ No

2. HISTORIC DESIGNATION

The property must have been designated "historic" by the local government allowing this incentive. A letter or other notice from that local government stating that this property has been designated must be attached.

Significance:

Construction Date: _____ Describe major alterations or additions (give dates): _____

Give BRIEF overview of the history of the building: _____

3. ATTACHMENTS

The following information is needed to process your application. Incomplete applications will unnecessarily delay the Department's review of your project. Please send complete information with the initial submission:

- _____ Notice of historic designation by the local governing body;
- _____ An original signed and completed application;
- _____ Location map showing where the building is located;
- _____ Photographs clearly showing not only the areas to be rehabilitated, but also overall views of the building;
- _____ Sketched or architectural floor plans of pre-rehabilitation conditions; and
- _____ Sketched or architectural floor plans of the proposed work.

4. OWNER INFORMATION

Name _____ Signature _____
Address _____ Date _____
Daytime Telephone _____

STATE HISTORIC PRESERVATION OFFICE USE ONLY

_____ The work as described in this application and attachments appears to meet the Standards for Rehabilitation and would receive final approval if completed as described.

_____ The work as described in this application and attachments would meet the Standards for Rehabilitation if the Special Conditions on the attached sheet are met.

_____ The work as described in this application and attachments does not appear to meet the Standards for Rehabilitation and is not approved for this property. The attached sheet describes the specific problems with the proposed work.

Archives and History Authorized Signature

Date

_____ See attached sheets

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5. DESCRIPTION OF PROPOSED WORK

Use the spaces below to describe the proposed work. Architectural features would include items such as: roof; exterior brick or siding; windows; doors; site/landscape features; entrance hall; main stair; parlors; fireplaces/mantles; floors/walls/ceilings; mechanical/electrical/plumbing; etc.

Architectural feature Approximate date of feature Describe feature and its condition Photograph No. Drawing No.	Describe work and impact on feature
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5. DESCRIPTION OF PROPOSED WORK (Continued):

(Please feel free to make copies of this sheet. Use as many spaces as necessary to fully describe your project.)

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