

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

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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 see: <https://shpo.sc.gov/historic-preservation/programs/tax-incentives/local-property-tax>

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**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 \_\_\_\_\_

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**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  
\_\_\_ See attached sheets

\_\_\_\_\_  
Date

SOUTH CAROLINA DEPARTMENT OF ARCHIVES AND HISTORY  
 STATE HISTORIC PRESERVATION OFFICE  
**REHABILITATED HISTORIC PROPERTY APPLICATION**  
**PART A - CONTINUED**

**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
Architectural feature _____ Approximate date of feature _____ Describe feature and its condition     Photograph No. _____ Drawing No. _____	Describe work and impact on feature
Architectural feature _____ Approximate date of feature _____ Describe feature and its condition     Photograph No. _____ Drawing No. _____	Describe work and impact on feature
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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**REHABILITATED HISTORIC PROPERTY APPLICATION**  
**PART A - CONTINUED**

**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.)

Architectural feature _____ Approximate date of feature _____ Describe feature and its condition     Photograph No. _____ Drawing No. _____	Describe work and impact on feature
Architectural feature _____ Approximate date of feature _____ Describe feature and its condition     Photograph No. _____ Drawing No. _____	Describe work and impact on feature
Architectural feature _____ Approximate date of feature _____ Describe feature and its condition     Photograph No. _____ Drawing No. _____	Describe work and impact on feature
Architectural feature _____ Approximate date of feature _____ Describe feature and its condition     Photograph No. _____ Drawing No. _____	Describe work and impact on feature

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

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Use this form to propose changes in project work. Submit the completed and signed form 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 see: <https://shpo.sc.gov/historic-preservation/programs/tax-incentives/local-property-tax>

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**Name of Property** (as submitted on Part A form):

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_, South Carolina (ZIP) \_\_\_\_\_

**Describe changes in the project work:**

**OWNER INFORMATION**

Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Daytime Telephone \_\_\_\_\_

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**STATE HISTORIC PRESERVATION OFFICE USE ONLY**

\_\_\_ The work as described in this amendment appears to meet the Standards for Rehabilitation and would receive final approval if completed as described.

\_\_\_ The work as described in this amendment would meet the Standards for Rehabilitation if the Special Conditions on the attached sheet are met.

\_\_\_ This work as described in this amendment 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

SOUTH CAROLINA DEPARTMENT OF ARCHIVES AND HISTORY  
STATE HISTORIC PRESERVATION OFFICE  
**REHABILITATED HISTORIC PROPERTY APPLICATION**  
**PART B - FINAL REVIEW FORM**

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Use this form to request Final Approval for Rehabilitated Historic Properties. This form is designed to follow the Part A -Preliminary Review Form, in which the owner describes the proposed rehabilitation work. Where the work is completed and Part A was not previously submitted, Parts A and B must be submitted together. Submit 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 see: <https://shpo.sc.gov/historic-preservation/programs/tax-incentives/local-property-tax>

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**1. PROPERTY INFORMATION**

Historic name of property (if known) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_, South Carolina (ZIP) \_\_\_\_\_

Project completion date \_\_\_\_\_

Final project costs \$ \_\_\_\_\_

**2. 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:

\_\_\_\_ Part A of the Rehabilitated Historic Property Application must precede this form. If you have not already submitted Part A, you must submit Parts A and B together.

\_\_\_\_ A complete and signed Part B form;

\_\_\_\_ Photographs, keyed to the rehabilitation plans of the exterior and the interior showing not only the areas where rehabilitation was performed, but also overall views of the completed project.

**3. OWNER INFORMATION**

Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Daytime Telephone \_\_\_\_\_

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**STATE HISTORIC PRESERVATION OFFICE USE ONLY**

\_\_\_\_ The completed work as documented in this application and attachments meets the Standards for Rehabilitation and is approved for this property. This approval is one step in qualifying for the special property tax assessment for Rehabilitated Historic Property. OWNERS SHOULD NOTE THAT the Department reserves the right to inspect the property within the time period that is covered by this special tax assessment. Work that is not as it was represented in the application and/or additional work that is not in conformance with the Standards for Rehabilitation may be cause for the Department to rescind the approval. Work causing the approval to be rescinded would make the entire project ineligible for the special tax assessment, and written notice of the rescinded approval shall be provided to the appropriate local officials. Additional work on the property that is proposed after the Final Approval should be submitted on a Part A - Amendment Form.

\_\_\_\_ The completed work does not 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

\_\_\_\_ See attached sheet

\_\_\_\_ Date