

City of Georgetown Housing & Community Development Department
REHABILITATED HISTORIC PROPERTY APPLICATION
PART A - PRELIMINARY REVIEW FORM

This application is used by the City to review rehabilitation work on historic properties, in accordance with South Carolina 1976 Code Section 4-9-195, 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 and the required review fee to be considered complete. Submit application to the Housing & Community Development Department, PO Drawer 939, Georgetown, SC 29442. Phone: 843.545.4010; fax 843.546.5435.

1. PROPERTY INFORMATION

Historic Name of Property (if known) _____

Address _____

City _____

Use: Owner-occupied Income-producing

Estimated project start date _____ Estimated project completion date _____

Estimated project costs \$ _____

*Fair Market Value of building \$ _____ Taxable value of property \$ _____

*(PLEASE NOTE: FMV and taxable value of a property may be different. FMV of the building is used to determine the threshold for qualifying expenses for the Bailey Bill. The **applicant** is responsible for verification of the **taxable value** of a property and should consult with the City of Georgetown on this matter; the taxable value as understood by the City of a property **at the time of preliminary certification** will determine the value at which the property will be assessed for the 20 year abatement period).*

2. HISTORIC DESIGNATION

The property must have been designated "historic" by the local government allowing this incentive.

This building is a: City Landmark Building
 Contributing structure in local historic district
 Contributing structure in National Register District outside of City
 National Register structure

Give BRIEF overview of the history of the building:

Significance:

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

3. ATTACHMENTS

The following information is needed to process your application. Please send complete information with the initial submission:

- An original signed and completed application;
- \$150 check, made out to the City, for all **residential** properties; application fees are non-refundable.
- \$300 check, made out to the City, for all **commercial** properties; application fees are non-refundable.
- 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.
- Estimates for proposed work on each architectural feature.

4. OWNER INFORMATION

Name _____ Signature _____

Address _____ Date _____

Daytime Phone _____

HOUSING & COMMUNITY DEVELOPMENT DEPARTMENT 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.

Authorized Signature

Date

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. If an application has been submitted for the Federal Investment Tax Credits, you may use a copy of the description of the proposed work from the federal form for this section, but your submittal must still include the information in sections 1 through 4.

<p>Architectural feature: _____ Roof _____</p> <p>Approximate date of feature: _____ Unknown _____</p> <p>Describe feature and its condition:</p> <p>Roof is old and has damage / deterioration. Shingles are close to the end of their useful life and there is sheathing rot on the eaves. There is evidence of roof leaking on the rear addition.</p> <p>Photograph No. _____ 1 - 5 _____ Drawing No. _____</p>	<p>Describe work and impact on feature:</p> <p>Remove old shingles from original house and rear addition. Repair / replace roof decking where needed. Install new 30 year shingles.</p> <p>This should extend the life of the roof and prevent future water infiltration into the house.</p>
<p>Architectural feature: _____ Chimney _____</p> <p>Approximate date of feature: _____ 1930 _____</p> <p>Describe feature and its condition:</p> <p>Roof is old and has damage / deterioration. Shingles are close to the end of their useful life and there is sheathing rot on the eaves. There is evidence of roof leaking on the rear addition.</p> <p>Photograph No. _____ 6 _____ Drawing No. _____</p>	<p>Describe work and impact on feature:</p> <p>Replace top section of chimney and repaint remaining portion. Add chimney cap.</p> <p>This will restore the chimney and prevent future deterioration. Also will prevent animals from getting into the chimney.</p>
<p>Architectural feature: _____ Front Porch _____</p> <p>Approximate date of feature: _____ Unknown _____</p> <p>Describe feature and its condition:</p> <p>Roof is old and has damage / deterioration. Shingles are close to the end of their useful life and there is sheathing rot on the eaves. There is evidence of roof leaking on the rear addition.</p> <p>Photograph No. _____ 7 - 13 _____ Drawing No. _____</p>	<p>Describe work and impact on feature:</p> <p>Remove old flooring and repair any damage to supporting structure. Replace flooring with new tongue and groove boards. Paint / seal new flooring. Replace damaged ceiling boards with new and paint ceiling. Add new wood railing that conforms to code.</p> <p>This will improve safety of porch, lengthen its useful life and improve aesthetics of the house.</p>

City of Georgetown Housing & Community Development Department
REHABILITATED HISTORIC PROPERTY APPLICATION
PART B - FINAL REVIEW FORM

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. Submit application to the Housing & Community Development Dept, PO Drawer 939, Georgetown, SC 29442. Phone: 843.545.4010; fax 843.527.1285.

1. PROPERTY INFORMATION

Historic Name of Property (if known) _____

Address _____

City _____, South Carolina Zip _____

2. ATTACHMENTS

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

- A complete and signed Part B form;
- Paid itemized invoices clearly indicating qualified rehabilitation expenses;
- 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 Phone _____

HOUSING & COMMUNITY DEVELOPMENT DEPARTMENT 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 on step in qualifying for the special property tax assessment for Rehabilitated Historic Property. OWNERS SHOULD NOTE THAT the City reserves the right to inspect the property within the (20 year) 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 City 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 all 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.

Authorized Signature

Date

____ See attached sheet
