



Bailey Bill Fact Sheet

The Bailey Bill allows cities and counties in South Carolina to provide property tax incentives for improvements to historic structures. In 2015 Camden City Council approved an ordinance to authorize these tax incentives within the City of Camden. Property owners can have the value of the structure locked in for a period of 15 years for improvements that are approved that meet historic preservation standards. Property owners must invest at least 20% of the fair market value of the structure to qualify.

Eligible Properties.

In order to be eligible to receive the Special Assessment, a property must be granted a historic designation by the City Council based upon one or more of the following reasons:

- (1) the property is at least fifty years old; and
- (2) it also qualifies under one of the following:
 - (a) The property has been designated as a historic property by the City Council;
 - (b) The property is listed on the National Register of Historic Places; or
 - (c) The property is located within an area that has been listed on the National Register of Historic Places as a historic district.

Eligible Improvements

The following work may be counted towards the 20% threshold if it is approved to meet the Secretary of the Interior's Standards for Rehabilitation, together with the Camden Design Guidelines:

- (1) Repairs and alterations to the exterior of the structure;
- (2) New construction; and
- (3) For public or commercial buildings, interior alterations for primarily public spaces.

Projects for consideration under the Bailey Bill must be approved by the Camden Historic Landmarks Commission and City Council **prior** to beginning any work. Please contact Shawn Putnam at 432-2421 or putnam@camdensc.org for more information.



Historic Landmarks Commission

BAILEY BILL HISTORIC PROPERTY REHABILITATION APPLICATION

Property Address: _____

Property Owner: _____ Phone Number: _____

Property Owner's Email Address: _____

Applicant: _____ Phone Number: _____

Applicant's Mailing Address: _____

Applicant's Email Address: _____

Estimated Project Start Date: _____ Estimated Completion Date: _____

Fair Market Value of Property: \$ _____ (Please attach appraisal or other proof of value)

Estimated Project Cost \$ _____ (Must meet or exceed 20% of the fair market value)

Historic Designation Status

The property must have been granted a historic designation by the City Council. Check all that apply:

____ The property has been designated as a historic property by the City Council

____ The property is listed on the National Register of Historic Places

____ The property is located within an area that has been listed on the National Register of Historic Places as a historic district

Attachments

The following information must be submitted along with a completed application:

____ An original signed and completed application

____ An application fee of \$ _____

____ Plan detailing the proposed Historic Rehabilitation including the following: the areas of the structure or property that are to be rehabilitated; the scope of work to be done; and detailed information on the materials and techniques to be used to comply with the Rehabilitation Standards of the City.

Applicant's Signature: _____ Date: _____

Owner's Signature (if not Applicant): _____

Co-Owner's Signature (if not Applicant): _____

The above signatures certify that the information in this application is accurate and complete, that the City may copy any drawings and materials necessary for review, and that pursuant to Section 6-29-1145 of SC Code of Laws this property is not subject to a recorded covenant that is contrary to, conflicts with, or prohibits this activity.

FOR STAFF USE

Application #: _____ Tax Map #: _____ Zoning District: _____

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

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

Authorized Signature _____ Date: _____



Historic Landmarks Commission

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. 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
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