KERSHAW COUNTY
BAILEY BILL – REHABILITATED HISTORIC PROPERTY APPLICATION
PART A – PRELIMINARY REVIEW FORM

This application is used by the reviewing authority to review rehabilitation work on historic properties, in accordance with South Carolina 1976 Code Section 4-9-195, Kershaw County Ordinance XXXX, and pertinent regulations. Applications must include attachments as listed below and the required review fee to be considered complete. Submit application to the applicable reviewing authority.

1. PROPERTY INFORMATION
Property Address ____________________________________________
City __________________________ , South Carolina (ZIP) ________________
Property Owner __________________________ Phone Number:____________
Property Owner’s Email Address: ______________________________________
Applicant: __________________________ Phone Number: ________________
Applicant’s Mailing Address: _________________________________________
Applicant’s Email Address: ___________________________________________
Property’s Use: _____ Owner-occupied, or _____ Income-producing
Estimated project start date __________ Estimated project completion date
Fair market value of property $ ___________ (Please attach appraisal or other proof of value)
Estimated project costs $ ___________ (Must meet or exceed 20% of fair market value)

2. HISTORIC DESIGNATION STATUS
Check all that apply:

_____ The property has been designated as a historic property by the County 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

3. ATTACHMENTS
The following information must be submitted in order to process your application. Please send complete information with the initial submission

_____ An original signed and completed application.
_____ A fee of $ __________ for single family residences or duplexes or $ ________ for all
   other properties; application fees are non-refundable. Checks should be made payable to the
   applicable reviewing authority.
_____ Photographs clearly showing the areas to be rehabilitated and overall views of the
   property.
_____ 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 County.
_____ Estimates for proposed work on each architectural feature.
_____ Proof of the fair market value of the property.

Applicant’s Signature __________________________ Date ________________
Owner’s Signature (if not Applicant) ___________________________________

The above signatures certify that the information in this application is accurate and complete, that the County or reviewing authority may copy any drawings and materials necessary for review, and that pursuant to Section 6-29-1145 of the South Carolina Code this property is not subject to a recorded covenant that is contrary to, conflicts with, or prohibits this activity.
4. 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; sit/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, and use as many spaces as necessary to fully describe your project.

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<thead>
<tr>
<th>Architectural feature &amp; approx. date</th>
<th>Describe work and impact on feature:</th>
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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.
KERSHAW COUNTY
BAILEY BILL – REHABILITATED HISTORIC PROPERTY APPLICATION
PART A – AMENDMENT FORM

Use this form to propose changes in project work.

PROPERTY INFORMATION:
Address: ________________________________________________________________
Use: _____ Owner-occupied, or _____ Income-producing
Property Identification Number: ________________________________
Fair market value of property: $__________________________ Change in estimated costs $______________
Describe changes in the project work (attach additional sheets if necessary):

OWNER INFORMATION:
Name: __________________________________________ Email Address: ________________________________
Mailing Address: ______________________________________________________________
Telephone No.: ________________________________________________________________
Signature: ___________________________ Date: ___________________________

FOR STAFF USE:

Application #: __________________ Tax Map #: __________________________ Zoning District: ______

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_____ 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: ___________________________