

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.

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 PART A – CONTINUED

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.

Architectural feature & approx. date <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Describe feature & its condition: Photograph No. Drawing No.	Describe work and impact on feature:
Architectural feature & approx. date <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Describe feature & its condition: Photograph No. Drawing No.	Describe work and impact on feature:
Architectural feature & approx. date <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Describe feature & its condition: Photograph No. Drawing No.	Describe work and impact on feature:

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: _____

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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: _____

_____ 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: _____