



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: _____



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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.

<p>Architectural feature_ Approximate date of feature_____ Describe feature and its condition</p> <p>Photograph No. _____ Drawing No. ____</p>	<p>Describe work and impact on feature</p>
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