



Application

for Preliminary Certification of a Rehabilitated Historic Property Special Tax Assessment



Horry County Historic
Preservation Commission

For Office Use Only

PIN # _____

Submittal Date _____

Case # _____

Meeting Date _____

Property Information

Name of Historic Property: _____ Construction Date: _____

How was construction date determined? _____

Street Address: _____

City: _____ South Carolina, Zip Code: _____

Fair Market Value: _____ (Attach Documentation)

- How did you determine the fair market value of the building?
- Property appraisal completed by a real estate appraiser licensed by the State of South Carolina; OR
 - Sale price as delineated in a bona fide contract within six (6) months of the time of this submittal; OR
 - Most recent appraised value published by the Horry County Tax Assessor

Applicant Information

Name of Property Owner(s): _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____ Email: _____

Project Contact: _____ Contact Daytime Phone Number: _____

Contact email: _____

Historic Designation

- Eligibility Requirements (Attach Documentation)
- Listed on the National Register of Historic Places individually or as a contributing property in a district
 - Listed on the Horry County Historic Property Register
 - Determined eligible for the National Register by SC Department of Archives and History
 - Not historically designated

Property Owner(s) Signature

By signing this form, I (we) attest that the information provided herein is true and complete to the best of my knowledge and there are no covenants or deed restrictions in place that would prohibit the work applied for in this request. Further, I (we) understand that falsification of factual representations in this application may disqualify the property for the tax credit and any monies not collected by the County must be returned to the County. Original signatures are required.

I hereby certify that I (we) am the owner(s) of the property, that I (we) have fully read the application and accompanying guidelines and understand further, that if my application is not complete, (including supporting materials) it may not be accepted or considered for review.

PRINT _____ SIGNATURE _____ DATE _____

PRINT _____ SIGNATURE _____ DATE _____

PRINT CORPORATION/PARTNERSHIP NAME (If LLC or Corporation please provide authorization to sign) _____

BY - PRINT NAME _____ SIGNATURE _____ DATE _____

Property Description

Property Address _____

Please check or complete the following for each of the major components of your building.

Number of Stories

- 1
 1 1/2
 2
 2 1/2
 Other _____

Exterior Doors

- Wood six-panel
 Wood #_____of panels
 Horizontal panels
 Wood panels w/ glass
 French doors
 Other _____

Exterior Walls

- Brick
 Stone
 Stucco
 Wood siding
 Wood shingle
 Other siding
Type _____
 Other _____

Roof Form

- Gable
 Hipped
 Flat
 Gambrel
 Mansard
 Other _____

Chimneys

- Number of _____
 Brick
 Stuccoed brick
 Stone
 Brick & stone
 Other _____

Interior Doors

- Wood six-panel
 Wood #_____of panels
 Horizontal panels
 Wood panels w/ glass
 French doors
 Other _____

Interior Walls

- Wood (flushboard)
 Wood (beaded board)
 Plaster
 Drywall
 Other _____
 Wainscot
Type _____

Roof Material

- Wood shingle
 Slate
 Clay tile
 Metal shingle
 Standing seam metal
 V-crimp metal
 Corrugated metal
 Asphalt shingles
 Asbestos shingles
 Other _____

Windows

- 1/1 paned sash
 2/2 paned sash
 6/6 paned sash
 9/9 paned sash
 3/1 paned sash
 6/1 paned sash
 Queen Anne
 Casements
 Other _____
 Replacement
Type _____

Foundation

- Brick pier
 Brick pier-infilled
 Brick wall
 Stone
 Cement Block
 Stucco
 Other _____

Interior Ceilings

- Wood
 Wood (beaded board)
 Plaster
 Drywall
 Other _____

Describe any other significant architectural or structural features. (Attach additional sheets if necessary)

Historic Overview

Provide a brief overview of the historical significance of the building. Include dates and descriptions of major alterations, including if the building has been moved and where it was moved from. (Attach additional sheets if necessary)

Description of Rehabilitation

Provide a check for EACH CATEGORY in the following list. Check "YES" if it is included in your project, check "NO" if you will not be doing any work in that category. While all work must be reported, not all work may not be eligible for the tax credit.

Estimate of total work _____ Estimate of proposed work counting towards 25% _____

- | No | Yes | Description of Work | | | | | | |
|--------------------------|--------------------------|--|--------------------------|------------|--------------------------|-------------|--------------------------|-------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Roof - roofing, flashing, roof deck, roof structure, dormers, vents, chimneys | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Exterior Walls - repairing brick or stone masonry, repointing mortar joints, patching stucco, repairing, patching or replacing historic wood or metal features, painting | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Windows and Doors - repairing existing windows, new sash where missing or too deteriorated to repair, hood molds, sills, shutters, exterior door and window frames, exterior doors, sidelights, transoms | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Porches - roof, flashing, deck, structure, columns, posts, railings, flooring, floor structure, foundation | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Foundations - repairing brick or stone masonry, repointing mortar joints, patching stucco | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Exterior Restoration - removal of later features, new work duplicating missing historic features | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Repair and Stabilization of Historic Structural Systems - structural repair and stabilization of all historic structural elements | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Restoration of Historic Plaster - repair of historic plaster, new plaster where it was a documented historic finish, use of wood or metal lath, documented decorative or flat plaster finish | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Energy Efficiency Measures - insulation, interior or exterior storm windows, storm doors, weather stripping | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Repairs or Rehabilitation of Heating, Air-conditioning, or Ventilating Systems - repairs to existing or installation of new HVAC systems, installing flue liners in historic chimneys | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Repairs or Rehabilitation of Electrical or Plumbing Systems (exclusive of new electrical appliances and electrical or plumbing fixtures) - repair to existing or installation of new electrical service from the point of supply by the utility to the outlets or junction boxes for fixtures, repairs to existing or installation of new plumbing systems from the supply at the water meter (or at the supply side of the pump for a well) to the fixtures and on the sanitary sewer system from the fixture to the sewer or septic (excluding the tank and drainfield), repairs to existing historic electrical and plumbing features. | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Architectural and Engineering Fees | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Changes in the Kitchen | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Changes in the Bathroom(s) Number of bathrooms _____ | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Changes in the Other Rooms (List) _____ | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Interior Painting, Wall-paper, other Decorative Finishes | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | *Removal of Alteration of Significant Historic Features - Check all that apply: | | | | | | |
| | <input type="checkbox"/> | Crown Molding | <input type="checkbox"/> | Wainscot | <input type="checkbox"/> | Stairs | <input type="checkbox"/> | Historic Hardware |
| | <input type="checkbox"/> | Picture Rail | <input type="checkbox"/> | Baseboard | <input type="checkbox"/> | Door Trim | <input type="checkbox"/> | Other _____ |
| | <input type="checkbox"/> | Beaded Board | <input type="checkbox"/> | Wood Floor | <input type="checkbox"/> | Window Trim | <input type="checkbox"/> | Other _____ |
| | <input type="checkbox"/> | Chair Rail | <input type="checkbox"/> | Tile Floor | <input type="checkbox"/> | Transoms | <input type="checkbox"/> | Other _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | *An Addition to the Existing Building (unless necessary to make the building fully useable) | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | *New Building on the Site | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Work on Historic Outbuildings | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | *Work on Non-historic Buildings | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Site Work - grading, concrete (* will not contribute for 25% if site work is for new construction) | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Landscaping - plantings | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Fences and Other Non-planting Landscape Features - Describe _____ | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | ADA Upgrades (ramps, rails, doorways widened, etc.) _____ | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Other _____ | | | | | | |
| | | (Attach additional sheets if necessary) | | | | | | |

* Expenses DO NOT contribute to the 25% minimum necessary for the tax assessment

Detailed Summary of Rehabilitation Work - Sheet A

Property Address _____

Provide a detailed description of the proposed rehabilitation work, including any paint colors. You must include a description of work for EACH category that you checked "YES" to on Page 3, under Description of Rehabilitation. Include photograph and/or drawing numbers. **Attach Additional A & B Sheets As Necessary** (If you have filled out a S2, Number 6 - Detailed Description of Rehabilitation for SHPO, or a Part 2, Number 5 of the Historic Preservation Certification Application for the National Park Service, you may use either of these applications in lieu of sheets A & B. However, you must indicate on these applications what work counts towards the 25% expenditure minimum)

Complete blocks below

Feature _____ Approximate Date of Feature _____
Photo Numbers _____ Drawing Numbers _____ Work is part of the 25% minimum ___ Yes ___ No
Describe existing feature and its condition

Describe work and impact to feature

Feature _____ Approximate Date of Feature _____
Photo Numbers _____ Drawing Numbers _____ Work is part of the 25% minimum ___ Yes ___ No
Describe existing feature and its condition

Describe work and impact to feature

Feature _____ Approximate Date of Feature _____
Photo Numbers _____ Drawing Numbers _____ Work is part of the 25% minimum ___ Yes ___ No
Describe existing feature and its condition

Describe work and impact to feature

Feature _____ Approximate Date of Feature _____
Photo Numbers _____ Drawing Numbers _____ Work is part of the 25% minimum ___ Yes ___ No
Describe existing feature and its condition

Describe work and impact to feature

Detailed Summary of Rehabilitation Work- Sheet B

Property Address _____

Provide a detailed description of the proposed rehabilitation work, including any paint colors. You must include a description of work for EACH category that you checked "YES" to on Page 3, under Description of Rehabilitation. Include photograph and/or drawing numbers (**Attach Additional A & B Sheets As Necessary**)

Complete blocks below

Feature _____ Approximate Date of Feature _____
Photo Numbers _____ Drawing Numbers _____ Work is part of the 25% minimum ___ Yes ___ No

Describe existing feature and its condition

Describe work and impact to feature

Feature _____ Approximate Date of Feature _____
Photo Numbers _____ Drawing Numbers _____ Work is part of the 25% minimum ___ Yes ___ No

Describe existing feature and its condition

Describe work and impact to feature



Acknowledgment of Understanding

for Preliminary Certification of a Rehabilitated Historic Property Special Tax Assessment



Note: This sheet must be completed and turned in with the application for Preliminary Certification. If this sheet is missing the application will be considered incomplete.

APPLICANT MUST READ AND INITIAL EACH OF THE FOLLOWING STATEMENTS:

- _____ I understand that my project will receive preliminary certification from the Historic Preservation Commission (HPC) based on my submittal and once the minutes from the meeting this Special Tax Assessment was discussed at, have been approved. If I choose to start work prior to the receipt of the preliminary certification, I do so at my own risk and understand this may disqualify the project from eligibility for the tax assessment.

- _____ I understand that ANY significant changes or additions to the building(s)/site(s) after receiving preliminary certification, during the construction phase, or after final certification (during the fifteen (15) year tax freeze period) which were not part of the original submission will need review and approval by either County staff and/or the HPC. Failure to receive approval may disqualify the project from eligibility for the tax assessment.

- _____ I understand that County staff and/or HPC members will need to review the project regularly with the agent or owner meeting them on-site.

- _____ I understand that the 25% of fair market value of the building, minimum expenditures for rehabilitation, must be incurred within two (2) years of the date on the preliminary certification from the HPC. If the work is completed within the two years, the project will be eligible for final certification and an application will need to be filed for final certification.

- _____ I understand that if the project is not completed within two (2) years of receiving preliminary certification, but the minimum expenditures for rehabilitation have occurred, that I may apply for an extension to County staff. Failure to apply for an extension, including project receipts, may disqualify my project from receiving the tax assessment.

- _____ I understand with a successful extension the property continues to receive the special assessment until the project is completed, but not for more than five (5) years from the date of preliminary certification.

- _____ I understand that the fee of two hundred fifty (250) dollars is due with the application for final certification and that final certification will not be awarded without payment of this fee and approval by the HPC.

- _____ I understand this property shall not be eligible for the Special Tax Assessment for Rehabilitated Properties without final certification.

- _____ I understand the Secretary of the Interior's Standards for the Treatment of Historic Properties and approved Local Design Guidelines will be used to make all informed decisions and to not follow these guidelines may disqualify my project from receiving the tax assessment.

Property Owner(s) Signature(s)

Printed Name	Signature	Date
Printed Name	Signature	Date

For Office Use Only

Case # _____ Submittal Date _____ Meeting Date _____

2021 SUBMITTAL DEADLINES AND HPC MEETING SCHEDULE

Meeting date is dependent on completeness and level of detail provided with application. If more information or revisions are needed, the meeting date could be deferred until a later date. In addition, a workshop and/or walk through may be scheduled prior to the formal meeting to discuss the application.

Submittal Deadlines and Meeting Dates

SUBMITTAL DEADLINE	HPC MEETING DATE
DECEMBER 8, 2020	JANUARY 19, 2021
JANUARY 4, 2021	FEBRUARY 16, 2021
FEBRUARY 2, 2021	MARCH 16, 2021
MARCH 9, 2021	APRIL 20, 2021
MAY 3, 2021	JUNE 15, 2021
JULY 6, 2021	AUGUST 17, 2021
AUGUST 9, 2021	SEPTEMBER 21, 2021
SEPTEMBER 7, 2021	OCTOBER 19, 2021
OCTOBER 4, 2021	NOVEMBER 16, 2021
DECEMBER 1, 2021	JANUARY 18, 2022

Flow Chart

