



# Extension Application

## to Preliminary Certification of a Rehabilitated Historic Property Special Tax Assessment



Horry County Historic  
Preservation Commission

All expenses MUST have occurred within a two year period from the date on the Preliminary Certification to be included towards the 25% minimum necessary for the tax assessment.

**This form is for an extension only: Final Certification is required prior to receiving a tax assessment.**

### Property Information

Property Address \_\_\_\_\_ City \_\_\_\_\_  
 Case Number (located on the Preliminary Certification at the top of the page) \_\_\_\_\_  
 Owner(s) \_\_\_\_\_  
 Owner(s) Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Project Contact: \_\_\_\_\_ Contact Daytime Phone Number: \_\_\_\_\_  
 Contact email: \_\_\_\_\_

### Rehabilitation Expense List

**PLEASE PRINT IN INK OR TYPE THE INFORMATION THAT YOU PROVIDE.**

You may be asked to submit receipts for the allowable expenses as described on the preliminary certification application. Rehabilitation expenses do not include the cost of acquiring or marketing the property, the value of the owner's personal labor, the cost of personal property, or other items shown as non-contributing on page 3 of the preliminary certification application.

1. Preservation and rehabilitation work done to the exterior of a historic structure

Roof _____	\$ _____
Exterior Walls _____	\$ _____
Windows & Doors _____	\$ _____
Porches _____	\$ _____
Foundations _____	\$ _____
Restoration of documented historical architectural features _____	\$ _____
<b>Total Section 1</b>	<b>\$ _____</b>

2. Repair and stabilization of historic structural systems  
 Structural repair and stabilization of all historic structural elements  
 exclusive of interior finishes Section 2 \$ \_\_\_\_\_

3. Restoration of historic plaster  
 Work done on historic plaster, including repair of historic plaster  
 where it was a documented historic finish, use of wood or metal  
 lath, documented decorative or flat plaster features Section 3 \$ \_\_\_\_\_

4. Energy efficiency measures  
 Insulation, interior or exterior storm windows, storm doors, weather stripping Section 4 \$ \_\_\_\_\_

5. Repairs or rehabilitation of heating, air-conditioning, or ventilation systems  
 Repairs to existing or installation of new HVAC systems, flue-liners in  
 historic chimneys Section 5 \$ \_\_\_\_\_

**Total page 1 \$ \_\_\_\_\_**

**Rehabilitation Expense List continued**

**PLEASE PRINT IN INK OR TYPE THE INFORMATION THAT YOU PROVIDE.**

You may be asked to submit receipts for the allowable expenses as described on the preliminary certification application

**Total from page 1 \$ \_\_\_\_\_**

6. Repairs or rehabilitation of electrical or plumbing systems, exclusive of new electrical appliances and electrical or plumbing fixtures Section 6 \$ \_\_\_\_\_

7. Architectural and Engineering fees, exclusive of fees attributable to new construction beyond the volume of the existing building Section 7 \$ \_\_\_\_\_

8. Additional eligible items (explain)

Total Section 8 \$ \_\_\_\_\_

**Total Expenditures \$ \_\_\_\_\_**

**Property Owner(s) Signature**

I hereby attest that the information provided is, to the best of my knowledge, correct, and that in my opinion the work is consistent with information described in the Preliminary Certification Application. I also attest that I own the property described on this form. I understand that falsification of factual representation 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.

\_\_\_\_\_  
Print Name (or LLC or Corporation) Signature Date

\_\_\_\_\_  
Print Name (or LLC or Corporation) Signature Date

**DEPARTMENT USE ONLY**

The expenses, as described on this extension form, have been approved by Staff and/or the Historic Preservation Commission and this property will continue to receive the special tax assessment until the project is completed, but not for more than five (5) years from the date of the Preliminary Certification.

The expenses, as described on this extension form, have been denied and this property is no longer eligible to receive the special tax assessment. The attached sheet(s) describes the specific problems.

\_\_\_\_\_  
Chairman, Historic Preservation Commission

\_\_\_\_\_  
Attest: Staff Liaison

Number of attached sheets \_\_\_\_\_