S1 - Evaluation of Significance



South Carolina Historic Rehabilitation Incentives - Certified Rehabilitation Application Certified Historic Residential Structure - SC Code of Laws Section 12-6-3535(B)

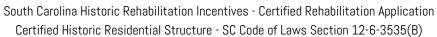
PLEASE NOTE: Signed and completed forms must be mailed to State Tax Credit Review, State Historic Preservation Office, SC Department of Archives and History, 8301 Parklane Road, Columbia, SC 29223. **Digital submissions are not accepted.**

1. Property Information

Historic Property Name:		County:	
Address:	Cit	y: St	tate: <u>SC</u> Zip:
Has the street address changed? Yes	No Don't Know	I	
If yes, what was the previous address?			
Name of National Register Historic District (if	applicable):		
2. Taxpayer's Statement			
Name:	Phone:	E-mail:	
Address:			
By signing this form, I attest that the informa that falsification of factual representations in 44 of the SC Code of Laws, 1976. An original s	this application is subj		
Signature		Date	
3. PROJECT CONTACT (If Different From Tax	vnaver)		
Name:		F-mail	
Address:			
You must include the following information wi you provide the requested information. Please <u>MAPS</u> showing streets, cross streets	send complete informa	ition with the initial submission.	
PHOTOGRAPHS in color, printed no mo	ore than 2 to a page, of t	the interior, exterior and any outbuilding	gs (see <u>Instructions</u>)
STATE HISTORIC PRESERVATION As documented on this form and accompanying The residence is a 'certified historic residence 12-6-3535 (B), because it:	ng attachments,		redit created by SC Code of Laws
Contributes to the significance of the		·	
Listed individudally or meets the cri Contributing outbuilding(s) are: Non-contributing outbuilding(s) are			laces.
The residence IS NOT a 'certified historic pursue the tax credit, because it:	residential structure' ac	ccording to SC Code of Laws 12-6-3535	5(B) and therefore ineligible to
		enced National Register historic distric	et.
DOES NOT meet the criteria for indiv	vidual listing in the Nati	onal Register of Historic Places.	
See attached sheets			
		S -	-
State Historic Preservation Officer - Authorize	d Signature	Date Pro	ject Number

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5. Property Description	
Date(s) of Construction:	Source :
Describe Previous Alterations/Changes or Addition	ns to exterior/interior if known (include dates):
Has the building been moved? Yes No	If Yes, date(s) of move(s)?
If Yes, where was the original location?	
Are outbuildings on the property? Yes No	
If Yes, please list each building on the property, re	egardless of age or integrity. Provide the approximate date of construction and describe
	graphs of each outbuilding (see <u>Tips for Taking Photographs</u> in Instructions).



THIS COMPLETES THE S1 APPLICATION FOR THE FOLLOWING: Any property listed in the National Register of Historic Places (District or Individually);

THE REMAINING PAGES MUST BE COMPLETED FOR THE FOLLOWING:

Any property that is NOT listed in the National Register (District or Individually)



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Include this page ONLY if the property is NOT LISTED INDIVIDUALLY IN THE NATIONAL REGISTER or LOCATED IN A NATIONAL REGISTER-LISTED HISTORIC DISTRICT.

5. Property Description (continued) **FOUNDATIONS** EXTERIOR WALLS ROOF FORM ROOF MATERIAL Number of Stories Brick pier Brick Gable Wood shingle Hip Brick pier- infilled Stone Slate Brick wall Stucco Mixed Clay tile Other:_ Stone Wood siding Standing seam metal Concrete block Wood shingle Asphalt shingle Synthetic Siding Stucco Other: _____ Other:_ Type: _____ Other: ____ Interior Ceilings CHIMNEYS WINDOWS INTERIOR WALLS Brick Wood Plaster Plaster Metal Drywall Stuccoed brick Drywall Stone Aluminum Wood Beaded board Brick and stone Vinyl Wainscotting Wood Other: Other:____ Other: _____ Type: _____ Other: _____

Desribe any other significant architectural or structural features:

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6. Property Significance:	
Architect/Contractor (if known):	Source:
Who built the building? Who has lived in the building and when?	

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