

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: _____ City: _____ State: SC Zip: _____

Has the street address changed? Yes No Don't Know

If yes, what was the previous address? _____

Name of National Register Historic District (if applicable): _____

2. TAXPAYER'S STATEMENT

Name: _____ Phone: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

By signing this form, I attest that the information provided herein is true and complete to the best of my knowledge. Further, I understand that falsification of factual representations in this application is subject to civil and criminal penalties as provided in 12-54-43 and 12-54-44 of the SC Code of Laws, 1976. An original signature is required.

Signature _____ Date _____

3. PROJECT CONTACT (If Different From Taxpayer)

Name: _____ Phone: _____ E-mail _____

Address: _____ City: _____ State: _____ Zip: _____

4. ATTACHMENTS

You must include the following information with your signed and completed application. Incomplete applications will be placed on hold until you provide the requested information. Please send complete information with the initial submission.

MAPS showing streets, cross streets, and adjacent property parcels (see [Instructions](#))

PHOTOGRAPHS in color, printed no more than 2 to a page, of the interior, exterior and any outbuildings (see [Instructions](#))

STATE HISTORIC PRESERVATION OFFICE USE ONLY

As documented on this form and accompanying attachments,

The residence is a 'certified historic residential structure' and eligible to pursue the state income tax credit created by SC Code of Laws 12-6-3535 (B), because it:

Contributes to the significance of the above-referenced National Register historic district.

Listed individually or meets the criteria for individual listing in the National Register of Historic Places.

Contributing outbuilding(s) are: _____

Non-contributing outbuilding(s) are: _____

The residence IS NOT a 'certified historic residential structure' according to SC Code of Laws 12-6-3535(B) and therefore ineligible to pursue the tax credit, because it:

DOES NOT contribute to the significance of the above-referenced National Register historic district.

DOES NOT meet the criteria for individual listing in the National Register of Historic Places.

See attached sheets

State Historic Preservation Officer - Authorized Signature _____ Date _____ S - - Project Number _____

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5. PROPERTY DESCRIPTION

Date(s) of Construction: _____ Source : _____

Describe Previous Alterations/Changes or Additions 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, regardless of age or integrity. Provide the approximate date of construction and describe any alterations or additions. Please include photographs of each outbuilding (see [Tips for Taking Photographs](#) 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	_____
Brick pier- infilled	Stone	Hip	Slate	
Brick wall	Stucco	Mixed	Clay tile	
Stone	Wood siding	Other: _____	Standing seam metal	
Concrete block	Wood shingle		Asphalt shingle	
Stucco	Synthetic Siding		Other: _____	
Other: _____	Type: _____			
	Other: _____			
CHIMNEYS	WINDOWS	INTERIOR WALLS	INTERIOR CEILINGS	
Brick	Wood	Plaster	Plaster	
Stuccoed brick	Metal	Drywall	Drywall	
Stone	Aluminum	Wood	Beaded board	
Brick and stone	Vinyl	Wainscotting	Wood	
Other: _____	Other: _____	Type: _____	Other: _____	
		Other: _____		

Describe 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?