

Due to coronavirus, digital submissions will be temporarily accepted as of March 24, 2020.

S2 - Description of Rehabilitation

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: _____

Use: Income-Producing -- **STOP** -- You must complete the federal application instead

Owner-Occupied Residence

Mixed-Use -- Note: the portion of the building that is an owner-occupied residence is eligible for this program

Estimated project start date: _____ Estimated project completion date: _____

Estimated 'rehabilitation expenses': \$ _____ Estimated total project costs: \$ _____

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. Original signature is required.

Signature _____ Date _____

3. PROJECT CONTACT

Name: _____ Phone: _____ E-mail _____

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

4. ATTACHMENTS

Include the following information with your signed and completed application. We must place incomplete applications on hold until you provide the requested information.

Complete and signed S1 and S2 forms

Photographs, keyed to the rehabilitation plans, of the exterior and the interior, as well as overall views of the building and site

Sketches or Architectural floor plans of pre-rehabilitation conditions [See Instructions]

Sketches or Architectural floor plans and elevation drawings (if needed) of the proposed work. [See Instructions]

Samples of roofing, window glazing, etc. as needed. [See Tips for Approval of Proposed Work]

STATE HISTORIC PRESERVATION OFFICE USE ONLY

The rehabilitation work as described in this application and attachments is certified and would meet the Secretary of the Interior's Standards for Rehabilitation if completed as described.

The rehabilitation work as described in this application and attachments would meet the Standards for Rehabilitation ONLY if the special Condition(s) on the attached sheet is (are) met. Send a revised proposal on an S2-Amendment form to address the work covered by the special conditions.

The rehabilitation work as described in this application and attachments does not appear to meet the Standards for Rehabilitation and is not approved for this property. The attached sheet describes the specific problems within the proposed work. Contact the South Carolina Department of Archives and History to resolve these issues prior to beginning rehabilitation work.

See attached sheets

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

S2 - Description of Rehabilitation

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



5. SUMMARY OF REHABILITATION PROJECT

Historic Property Name: _____ County: _____

Address: _____

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. Generally, costs associated with work in BOLD are eligible for the state tax credit.

YES	NO	Description of Work (See Tips for Approval of Proposed Work for documentation requirements)
		Roof - roofing, flashing, roof deck, roof structure, dormers, vents, chimneys
		Exterior Walls - repairing brick or stone masonry, repointing mortar joints, patching stucco, repairing, patching or replacing historic wood or metal features, painting
		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
		Porches - roof, flashing, deck, structure, columns, posts, railings, flooring, floor structure, foundation
		Foundations - repairing brick or stone masonry, repointing mortar joints, patching stucco
		Exterior Restoration - removal of later features and new work duplicating missing historic features
		Repair and stabilization of historic structural systems - structural repair and stabilization of all historic structural elements exclusive of interior finish materials (interior finish materials are not included - except plaster, see below).
		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 features
		Energy Efficiency measures except insulation in frame walls - insulation in attic or crawlspace, interior or exterior storm windows, storm doors, weather stripping
		Repairs or rehabilitation of heating, air-condition, or ventilating systems - repairs to existing or installation of new HVAC systems, installing flue liners in historic chimneys
		Repairs or rehabilitation of electrical or plumbing systems exclusive of new electrical appliances and electrical or plumbing fixtures - repairs 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 tank (excluding the tank and drainfield), repairs to existing historic electrical and plumbing fixtures
		Architectural and engineering fees
		Interior alterations - floor plan changes Changes in the kitchen Changes in the bathroom(s) Interior painting, wallpaper, other decorative finishes Removal or alteration of significant historic features - Circle all that apply: crown molding, picture rail, beaded board, chair rail, wainscot, baseboard, wood floor, tile floor, stairs, door trim, window trim, transoms, historic hardware, other (list): _____
		An addition to the existing building New building on the site
		Work on historic outbuildings Work on non-historic outbuildings Site work - grading Landscaping - plantings Fences, other non-planting landscape features Other (describe) _____ Other (describe) _____ Other (describe) _____ Other (describe) _____

S2 - Description of Rehabilitation

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



6. DETAILED DESCRIPTION OF PROPOSED REHABILITATION WORK

Historic Property Name: _____ County: _____

Address: _____

Provide a detailed description of the proposed rehabilitation work. You must include a description of work for each category that you checked "YES" to in Section 5. Provide the description of each existing historic feature in the top section and the description of the proposed work in the bottom section. See Instructions and Tips for Approval of Proposed Work for additional information.

Feature: _____ Approximate date of feature: _____

Describe existing conditions:

Describe proposed work:

See photographs # _____, and/or plans # _____

Feature: _____ Approximate date of feature: _____

Describe existing conditions:

Describe proposed work:

See photographs # _____, and/or plans # _____

Feature: _____ Approximate date of feature: _____

Describe existing conditions:

Describe proposed work:

See photographs # _____, and/or plans # _____

S2 - Description of Rehabilitation

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



6. DETAILED DESCRIPTION OF PROPOSED REHABILITATION WORK

Historic Property Name: _____ County: _____

Address: _____

Provide a detailed description of the proposed rehabilitation work. You must include a description of work for each category that you checked "YES" to in Section 5. Provide the description of each existing historic feature in the top section and the description of the proposed work in the bottom section. See Instructions and Tips for Approval of Proposed Work for additional information.

Feature: _____ Approximate date of feature: _____

Describe existing conditions:

Describe proposed work:

See photographs # _____, and/or plans # _____

Feature: _____ Approximate date of feature: _____

Describe existing conditions:

Describe proposed work:

See photographs # _____, and/or plans # _____

Feature: _____ Approximate date of feature: _____

Describe existing conditions:

Describe proposed work:

See photographs # _____, and/or plans # _____

S2 - Description of Rehabilitation

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



6. DETAILED DESCRIPTION OF PROPOSED REHABILITATION WORK

Historic Property Name: _____ County: _____

Address: _____

Provide a detailed description of the proposed rehabilitation work. You must include a description of work for each category that you checked "YES" to in Section 5. Provide the description of each existing historic feature in the top section and the description of the proposed work in the bottom section. See Instructions and Tips for Approval of Proposed Work for additional information.

Feature: _____ Approximate date of feature: _____

Describe existing conditions:

Describe proposed work:

See photographs # _____ , and/or plans # _____

Feature: _____ Approximate date of feature: _____

Describe existing conditions:

Describe proposed work:

See photographs # _____ , and/or plans # _____

Feature: _____ Approximate date of feature: _____

Describe existing conditions:

Describe proposed work:

See photographs # _____ , and/or plans # _____

S2 - Description of Rehabilitation

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



6. DETAILED DESCRIPTION OF PROPOSED REHABILITATION WORK

Historic Property Name: _____ County: _____

Address: _____

Provide a detailed description of the proposed rehabilitation work. You must include a description of work for each category that you checked "YES" to in Section 5. Provide the description of each existing historic feature in the top section and the description of the proposed work in the bottom section. See Instructions and Tips for Approval of Proposed Work for additional information.

Feature: _____ Approximate date of feature: _____

Describe existing conditions:

Describe proposed work:

See photographs # _____ , and/or plans # _____

Feature: _____ Approximate date of feature: _____

Describe existing conditions:

Describe proposed work:

See photographs # _____ , and/or plans # _____

Feature: _____ Approximate date of feature: _____

Describe existing conditions:

Describe proposed work:

See photographs # _____ , and/or plans # _____