S2 - Amendment

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: _____

2. Taxpayer's Statement

By signing this form, I attest that: I have an ownership interest in the building; it is where I reside; it is not actively used in a trade or business; it is not held for the production of income; it is not held for sale or disposition in the ordinary course of my trade or business; and the information provided herein is true and complete to the best of my knowledge. Further, I understand that falsification of factual respresentations 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.

Name: _____ Phone: _____ Email: _____

Address: _____

_____
Signature   Date

3. Project Contact

Name: _____ Phone: _____ E-mail _____

Address: _____

4. Description of Amended Work

☐ This amendment ADDS or DELETES items to the scope of the project work

☐ This amendment CHANGES an existing work item

Describe amendment to the project:

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

S - _____ - _____

_____
State Historic Preservation Officer - Authorized Signature   Date   Project Number

4. DESCRIPTION OF AMENDED WORK (CONTINUED)

Describe amendment to the project: