

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:	<u>SC</u> Zip: _	
Use: Income-Producing STOP You must Owner-Occupied Residence Mixed-Use Note: the portion of the book Estimated project start date:		ipied residence is eligible f		
Estimated 'rehabilitation expenses': \$				
2. Taxpayer's Statement				
Name:	Phone:	E-mail:		
Address:				
By signing this form, I attest that the information that falsification of factual representations in the 44 of the SC Code of Laws, 1976. Original signates	nis application is subject to d			
Signature		Date		
3. Project Contact				
Name:	Phone.	F-mail		
Address:				
Include the following information with your signe provide the requested information. Complete and signed S1 and S2 forms Photographs, keyed to the rehabilitation Sketches or Architectural floor plans of Sketches or Architectural floor plans an Samples of roofing, window glazing, etc.	n plans, of the exterior and to pre-rehabilitation conditions nd elevation drawings (if nee	ne interior, as well as overa [See Instructions] ded) of the proposed work.	III views of ti	he building and site
STATE HISTORIC PRESERVATION	OFFICE USE ONLY			
The rehabilitation work as described in this Standards for Rehabilitation if completed as The rehabilitation work as described in this special Condition(s) on the attached sheet covered by the special conditions. The rehabilitation work as described in this is not approved for this property. The attach	s described. application and attachment	s would meet the Standard	s for Rehabil	litation ONLY if the
Carolina Department of Archives and History See attached sheets	hed sheet describes the spe	cific problems within the pr	oposed work	

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	Rehabilitation Project	
Historic Property Na	County:	
Address:		
	H CATEGORY in the following list. Check "YES" if it is inc enerally, costs associated with work in BOLD are eligibl	luded in your project, check "NO" if you will not be doing any e for the state tax credit.
YES NO	Description of Work (See Tips for Approval of P	roposed Work for documentation requirements)
	Windows and Doors - repairing existing windows, no molds, sills, shutters, exterior door and window fram Porches - roof, flashing, deck, structure, columns, peroundations - repairing brick or stone masonry, reported and stabilization of historic structural system structural elements exclusive of interior finish material plaster, see below). Restoration of historic plaster - repair of historic plaster, see below). Restoration of historic plaster - repair of historic plaster of wood or metal lath, documented decorative of Energy Efficiency measures except insulation in frame exterior storm windows, storm doors, weather strip Repairs or rehabilitation of heating, air-condition, or new HVAC systems, installing flue liners in historic Repairs or rehabilitation of electrical or plumbing syor plumbing fixtures - repairs to existing or installat utility to the outlets or junction boxes for fixtures, refrom the supply at the water meter (or at the supply sanitary sewer system from the fixture to the sewer 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 finishe Removal or alteration of significant historic features.	ew sash where missing or too deteriorated to repair, hood nes, exterior doors, sidelights, transoms osts, railings, flooring, floor structure, foundation binting mortar joints, patching stucco new work duplicating missing historic features ms - structural repair and stabilization of all historic erials (interior finish materials are not included - except extern new plaster where it was a documented historic finish, or flat plaster features me walls - insulation in attic or crawlspace, interior or ping ventilating systems - repairs to existing or installation of chimneys stems exclusive of new electrical appliances and electrical ion of new electrical service from the point of supply by the epairs to existing or installation of new plumbing systems y side of the pump for a well) to the fixtures and on the r or septic tank (excluding the tank and drainfield), repairs to

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Other (describe)



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istoric Property Name:	County:			
ldress:				
Provide a detailed description of the proposed rehabilitation work. You must include a description of work for each category that you hecked "YES" to in Section 5. Provide the description of each existing historic feature in the top section and the description of the roposed 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:	Approximate date of feature:			
Describe proposed work:				
See photographs #	, and/or plans #			
eature: lescribe existing conditions:	Approximate date of feature:			
Describe proposed work:				
See photographs #	_, and/or plans #			
	Approximate date of feature:			
Describe existing conditions:				
Describe proposed work:				

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