

City of Beaufort Department of Planning and Community Development
1911 Boundary Street, Beaufort, SC 29902
Phone (843) 525-7011 / Fax (843) 986-5606
Website: www.cityofbeaufort.org

CITY OF BEAUFORT REHABILITATED HISTORIC PROPERTY / BAILEY BILL APPLICATION
PART A – PRELIMINARY REVIEW FORM

PLANNING DEPARTMENT USE ONLY: Application #: _____ Date Received: _____ Date Responded: _____	
_____ Certificate of Appropriateness Received #HR_____	_____ Project Approved
_____ Project Approved with Conditions (see attached sheet)	_____ Project Denied (see attached sheet)
_____	_____
Authorized Signature _____	Date _____

This application is used by the City to review rehabilitation work on historic properties, in accordance with South Carolina 1976 Code Sections 12-120 through 12-125, and pertinent regulations. A separate application should be submitted for each historic building, unless they were functionally-related during the historic period, in which case they can be submitted as a historic complex. Applications must include attachments as listed below and the required review fee to be considered complete. *Fee: \$150 for single family residences or duplexes; \$300 for all other properties.*

1. PROPERTY INFORMATION

Historic Name of Property (if known) _____ Parcel Id. Number: _____
 Street Address: _____ Use: ___ Owner-occupied, or ___ Income-producing
 Estimated project start date _____ Estimated project completion date _____
 Fair market value (FMV) of building \$ _____ Estimated project costs \$ _____
 How was FMV determined? SC Licensed appraisal within 45 days Bona fide sales contract within 12 months County Assessor
 Has an application for any other tax incentives been filed for this property? ___ Yes ___ No
 If Yes, please describe _____

2. HISTORIC DESIGNATION

The property must have been designated "historic" by the local government allowing this incentive.
This building is a:
 ___ Contributing structure in the Historic District
 ___ Non-contributing structure, but over 50 years old, and in the Historic District
 ___ Structure located outside of the Historic District, but listed on the Beaufort County 1997 Historic Survey
Significance:
 Construction Date: _____ Is this property individually listed on the National Register? ___ Yes ___ No
 Describe previous major alterations or additions (give dates): _____

3. ATTACHMENTS

The following information is needed to process your application. Please send complete information with the initial submission:

- ___ An original signed and completed Part A application;
- ___ An original signed and completed Historic Review Board Project Application;
- ___ Payment of \$150, for single family residences or duplexes; \$300 for all other properties – checks should be made out to the City of Beaufort
- ___ Documentation of FMV determination
- ___ An overall project narrative along with an itemized list describing the precise scope of work; and
- ___ All HRB Submission Requirements (found on the Checklist, pages 8-10) including but not limited to:
 - ___ Location map showing where the building is located;
 - ___ Photographs clearly showing not only the areas to be rehabilitated, but also overall views of the building;
 - ___ Site plan, architectural floor plans and elevations of pre-rehabilitation conditions;
 - ___ Site plan, architectural floor plans and elevations of the proposed work.

4. OWNER INFORMATION

Name _____	Signature _____	Date _____
Mailing Address _____	City _____	State _____ Zip _____
Email Address _____	Primary Phone Number _____	

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5. DESCRIPTION OF PROPOSED WORK

In addition to a separate narrative and itemized project list, use the spaces below to describe the proposed work in detail. Architectural elements would include items such as: roof; exterior brick or siding; porches; exterior elevations; windows; doors; site/landscape features; entrance hall; main stair; parlors; fireplaces/mantles; floors/walls/ceilings; mechanical/ electrical/plumbing; etc. If an application has been submitted for any state or federal preservation Tax Credits, you may use a copy of the description of the proposed work from the state or federal forms for this section, but your submittal must still include the information in sections 1 through 4.

(Please feel free to make copies of this sheet. Use as many spaces as necessary to fully describe your project.)

Architectural element: _____ Approximate age: ___original___ added; if added ___date ___Interior ___ Exterior; Location: N S E W Describe feature and its condition: Photograph No. _____ Drawing No. _____	Describe work and impact on feature
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CITY OF BEAUFORT REHABILITATED HISTORIC PROPERTY / BAILEY BILL APPLICATION
PART A – AMENDMENT FORM

Use this form to propose changes in project work.

PROPERTY INFORMATION:

Street Address: _____ Use: ___ Owner-occupied, or ___ Income-producing

Property Identification Number: _____

Fair market value of building \$ _____ Change in estimated project costs \$ _____

Describe Changes in the project work (attach additional sheets if needed):

OWNER INFORMATION

Name _____

Signature _____ Date _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____

Daytime Telephone: _____

_____ The work as described in this amendment appears to meet the Standards for Rehabilitation and would receive final approval if completed as described.

_____ The work as described in this amendment would meet the Standards for Rehabilitation if the Special Conditions on the attached sheet are met.

_____ This work as described in this amendment does not appear to meet the Standards for Rehabilitation and is not approved for this property. The attached sheet describes the specific problems with the proposed work.

Administrator

Authorized Signature

Date

_____ See attached sheets