

CITY OF COLUMBIA
PRESERVATION PLANNING OFFICE
REHABILITATED HISTORIC PROPERTY APPLICATION
PART A - PRELIMINARY REVIEW FORM

This application is used by the City to review rehabilitation work on historic properties, in accordance with South Carolina 1976 Code Section _____, 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. Submit application to Preservation Planning Office, PO Box 147, 1136 Washington Street, Columbia, SC 29217. Phone: 803.545.3222; fax: 803.733.8647.

1. PROPERTY INFORMATION

Historic Name of Property (if known) _____
Address _____
City _____, South Carolina (ZIP) _____
Use: Owner-occupied, or Income-producing
Estimated project start date _____ Estimated project completion date _____
Estimated project costs \$ _____
Fair market value of building \$ _____
Has an application for federal Investment Tax Credits been filed for this property? Yes No

2. HISTORIC DESIGNATION

The property must have been designated "historic" by the local government allowing this incentive.

Significance:

Construction Date: _____ Describe major alterations or additions (give dates): _____

This building is a:

City Landmark Building Contributing structure in local historic district Contributing structure in National Register District outside of City National Register structure

Give BRIEF overview of the history of the building: _____

3. ATTACHMENTS

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

- An original signed and completed application;
- A Cashier's Check for \$150, made out to the City of Columbia for single family residences or duplexes; \$300 for all other properties;
- 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;
- Sketched or architectural floor plans of pre-rehabilitation conditions; and
- Sketched or architectural floor plans of the proposed work.

4. OWNER INFORMATION

Name _____ Signature _____
Address _____ Date _____
Daytime Telephone _____

PRESERVATION PLANNING OFFICE USE ONLY

- The work as described in this application and attachments appears to meet the Standards for Rehabilitation and would receive final approval if completed as described.
- The work as described in this application and attachments would meet the Standards for Rehabilitation if the Special Conditions on the attached sheet are met.
- The 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 with the proposed work.

Authorized Signature _____ Date _____
 See attached sheets

CITY OF COLUMBIA
 PRESERVATION PLANNING OFFICE
REHABILITATED HISTORIC PROPERTY APPLICATION
PART A - CONTINUED

5. DESCRIPTION OF PROPOSED WORK

Use the spaces below to describe the proposed work. Architectural features would include items such as: roof; exterior brick or siding; 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 the federal Investment Tax Credits, you may use a copy of the description of the proposed work from the federal form for this section, but your submittal must still include the information in sections 1 through 4.

Architectural feature _____ Approximate date of feature _____ Describe feature and its condition Photograph No. _____ Drawing No. _____	Describe work and impact on feature
Architectural feature _____ Approximate date of feature _____ Describe feature and its condition Photograph No. _____ Drawing No. _____	Describe work and impact on feature
Architectural feature _____ Approximate date of feature _____ Describe feature and its condition Photograph No. _____ Drawing No. _____	Describe work and impact on feature
Architectural feature _____ Approximate date of feature _____ Describe feature and its condition Photograph No. _____ Drawing No. _____	Describe work and impact on feature

CITY OF COLUMBIA
 PRESERVATION PLANNING OFFICE
REHABILITATED HISTORIC PROPERTY APPLICATION
PART A - CONTINUED

5. DESCRIPTION OF PROPOSED WORK (Continued):

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

Architectural feature _____ Approximate date of feature _____ Describe feature and its condition Photograph No. _____ Drawing No. _____	Describe work and impact on feature
Architectural feature _____ Approximate date of feature _____ Describe feature and its condition Photograph No. _____ Drawing No. _____	Describe work and impact on feature
Architectural feature _____ Approximate date of feature _____ Describe feature and its condition Photograph No. _____ Drawing No. _____	Describe work and impact on feature
Architectural feature _____ Approximate date of feature _____ Describe feature and its condition Photograph No. _____ Drawing No. _____	Describe work and impact on feature

**Fair market value means the appraised value as certified to the DDRC by a real estate appraiser licensed by the State of South Carolina, the sales price as delineated in a bona fide contract of sale within six months of the time it is submitted, or the most recent appraised value published by the Richland County Tax Assessor.*

CITY OF COLUMBIA
PRESERVATION PLANNING OFFICE
REHABILITATED HISTORIC PROPERTY APPLICATION
PART A - AMENDMENT FORM

Use this form to propose changes in project work. Submit the completed and signed form to Preservation Planning Office, PO Box 147, 1136 Washington Street, Columbia, SC 29217. Phone: 803.545.3222; fax: 803.733.8647.

Name of Property (as submitted on Part A form):

Address _____

City _____, South Carolina (ZIP) _____

Describe changes in the project work:

OWNER INFORMATION

Name _____ Signature _____
Address _____ Date _____
Daytime Telephone _____

PRESERVATION PLANNING OFFICE USE ONLY

___ 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.

Secretary to the Design/Development Review Commission
___ See attached sheets

Authorized Signature

Date