HPC-05 / APPLICATION for AMENDMENT to APPROVED WORK

GREENVILLE COUNTY HISTORIC PRESERVATION COMMISSION

IMPORTANT INFORMATION

Refer to the Greenville County Historic Preservation Commission Application Forms & Instructions for complete application requirements, supporting documentation requirements, and submission procedures. Submit completed forms and required supporting documentation to the address below.

Use this form to request approval of proposed changes to work previously reviewed and approved by the Greenville County Historic Preservation Commission. Do not begin amended work requiring HPC approval until the amendment has been approved.

For a Special Property Tax Assessment project, substantive changes to the approved rehabilitation work must be approved by the Historic Preservation Commission.

This application must be submitted no later than 12:00 p.m. on the first Thursday of the month.

Applications may be submitted to historicpreservationcommission@greenvillecounty.org

1. PROPERTY INFORMATION

Name of Historic Property: _____

Street Address: _____

City: _____ _____ State: SC ZIP: _____

Tax Map Number (TMS): _____

---

2. OWNER INFORMATION

Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

---

3. APPLICANT / AGENT INFORMATION

Name: _____ Company/Organization: _____

Mailing Address: _____

Phone: _____ Email: _____

Relationship to Owner: ☐ Property Owner ☐ Authorized Agent ☐ Architect / Landscape Architect ☐ Contractor

If applicant is not the property owner, attach written owner authorization.

4. PREVIOUS APPROVAL INFORMATION

Identify the previous application, certification, or HPC review to which this amendment applies.
Type of Previous Approval
☐ Certificate of Appropriateness
Original Application / Case No.: _____ Date Approved: _____
☐ Special Property Tax Assessment for Rehabilitated Historic Properties
Preliminary Certification / Case No.: _____Date Approved: _____
☐ Other HPC Review / Approval
Type: _____
Application / Case No.: _____Date Approved: _____
Brief Description of Previously Approved Work

Attach the previously approved plans or other documentation only if needed to clearly identify the work being amended.

5. DESCRIPTION OF PROPOSED AMENDMENT

- **Type of Amendment**

  Check all that apply:

  ☐ **Add** a new work item not included in the previous approval

  ☐ **Delete** or ☐ **Change** a previously approved work item

  ☐ **Other:** _____

  Location / Feature Affected

  ☐ Roof

  ☐ Exterior walls / masonry

  ☐ Windows

  ☐ Doors / entrances

  ☐ Porches / balconies

  ☐ Foundation

  ☐ Structural elements

  ☐ Interior spaces / features

  ☐ Addition

  ☐ New construction

  ☐ Outbuilding / accessory structure

  ☐ Demolition / removal

  ☐ Site / landscape work

  ☐ Fences / walls

  ☐ Signage

  ☐ Other: _____

- **Description of Amendment**

Describe the proposed change from the previously approved work. Include sufficient information to identify the existing approved work and the proposed change.

Reason for proposed change, if applicable:

6. SUPPORTING DOCUMENTATION

Attach documentation necessary to adequately describe the proposed amended work.

Check all that apply:

☐ Photographs
☐ Architectural plans / elevations
☐ Revised floor plans
☐ Revised site plan
☐ Revised landscape plans
☐ Details / sections
☐ Material / product information
☐ Samples
☐ Other: _____

Drawing / photograph references, if applicable:

Relationship to Previously Approved Documentation

☐ Revised drawings clearly identify the proposed changes.
☐ Changes are described sufficiently in this application and attachments.

Attach additional explanation, if needed

7. APPLICANT CERTIFICATION

I certify that all information included in this application and the accompanying documentation is true and correct to the best of my knowledge. I understand that approval of this amendment applies only to the work described in this application and accompanying documentation.

I understand that work requiring Historic Preservation Commission approval shall not begin until the amendment has been approved.

Owner / Applicant Name: _____
Signature: _____ **Date:** _____
Agent Name, if applicable: _____
Signature: _____ **Date:** _____

THIS PAGE FOR STAFF / HPC USE ONLY

APPLICATION INFORMATION

Case Number: _____ Date Application Received: _____

Date Application Deemed Complete: _____ Date Placed on HPC Agenda: _____

If deemed incomplete, additional information requested:

Date applicant notified: _____

HPC REVIEW / ACTION

☐ Recommendation for Designation ☐ Recommendation Not Approved

☐ Continued / Postponed ☐ Withdrawn

Date of HPC Action: _____

Conditions / Findings / Notes:

HPC Chair Signature: _____ Date: _____

PLANNING & DEVELOPMENT COMMITTEE ACTION

☐ Designation Approved ☐ Designation Not Approved Date: _____

COUNTY COUNCIL ACTION

☐ Designation Approved ☐ Designation Not Approved

Ordinance / Resolution No.: _____

Date: _____