HPC-06 / DOCUMENTATION of COMPLETED 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 document completed work associated with a Certificate of Appropriateness or Special Property Tax Assessment for Rehabilitated Historic Properties when final documentation from the National Park Service or South Carolina State Historic Preservation Office is not being submitted.

Provide photographs and sufficient information to document the completed work. Describe any work that differs from the previously approved work and identify any applicable HPC-05 amendment approval.

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): _____

HPC Case / Application No.: _____

Type of Project

☐ Certificate of Appropriateness

☐ Special Property Tax Assessment for Rehabilitated Historic Properties

Related Approval / Certification No.: _____

Date of Original Approval: _____

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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 ☐ Other: _____

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

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4. COMPLETED WORK

Date work was completed: _____

Was the approved work completed as approved?

☐ Yes

☐ No

☐ Yes, with changes approved through HPC-05 Amendment(s)

☐ No, additional changes are described below

Description of Completed Work

Describe the work completed, including materials, features, and locations where appropriate. The description should correspond to the approved work documented in the original application and any approved amendments.

Changes from Approved Work

Does any completed work differ from the work previously approved by HPC?

☐ No ☐ Yes

If Yes, briefly describe the changes and provide the applicable **HPC-05** case/application number:

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5. DOCUMENTATION OF COMPLETED WORK

Attach photographs and other documentation sufficient to document the completed project.

Photographs

- ☐ Exterior photographs
- ☐ Interior photographs, where applicable
- ☐ Overall views of completed project
- ☐ Photographs of individual rehabilitated features
- ☐ Photographs of site / landscape work, where applicable
- ☐ Other: _____

Number of photographs attached: _____

Additional Documentation

- ☐ As-built drawings
- ☐ Revised plans / elevations
- ☐ Product / material information
- ☐ Other supporting documentation

Describe additional documentation: _____

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6. APPLICANT CERTIFICATION

I certify that the information provided in this form and the accompanying documentation is true and correct to the best of my knowledge. I certify that this documentation accurately describes the work completed at the property.

I understand that documentation of completed work does not constitute approval of work that was not previously approved by the Greenville County Historic Preservation Commission. I understand that additional or substantially different work may require approval through the applicable County historic preservation process.

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: _____