HPC-07 / SPECIAL TAX ASSESSMENT PRELIMINARY CERTIFICATION APPLICATION

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.

Preliminary certification must be obtained before rehabilitation work begins. The application must provide sufficient information for the Greenville County Historic Preservation Commission to determine whether the property and proposed rehabilitation meet the requirements of the County's Special Property Tax Assessment for Rehabilitated Historic Properties.

Submit this application with the required supporting documentation identified below.

Do not begin work before preliminary certification has been granted.

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 No.: _____

Current Use:

☐ Owner-Occupied Residential
☐ Income-Producing / Commercial
☐ Other: _____

Is the property located in a municipality/city?

☐ Yes ☐ No

---

2. PROPERTY OWNER INFORMATION

Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

3. AUTHORIZED REPRESENTATIVE / NOMINATING PARTY 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.

---

4. FINANCIAL INFORMATION

The special property tax assessment requires rehabilitation expenditures to exceed the applicable percentage of the property's fair market value. The current County ordinance establishes different minimum expenditure thresholds for owner-occupied and income-producing properties.

Property Type

☐ Owner-Occupied Building

☐ Income-Producing Building

Fair Market Value: $_____

Basis for Fair Market Value:

☐ Appraisal by a South Carolina licensed real estate appraiser

☐ Bona fide sales price within six months of submission

☐ Most recent appraised value published by the Greenville County Tax Assessor

Date of appraisal, sale, or tax assessment: _____

What supporting documentation are you attaching?

☐ Appraisal report by a South Carolina licensed appraiser

☐ Bona fide sales document (dated within six months of submission)

☐ Most recent appraised value published by the Greenville County Tax Assessor

Estimated Rehabilitation Expenditures

Estimated total rehabilitation expenditures: $_____

Estimated expenditures as percentage of fair market value: _____%

Attach a preliminary cost estimate or other documentation supporting the estimated rehabilitation expenditures.

Final certification will require documentation of actual qualifying expenditures.

---

5. HISTORIC SIGNIFICANCE

Is the property listed in the National Register of Historic Places?

☐ **Yes**

If Yes: Attach the approved **NPS Part 1 - Evaluation of Significance** and documentation of National Register listing.

☐ **No**

If No: Attach **HPC-02 Historic Property Evaluation and Statement of Significance**, documenting the property's eligibility under the applicable County requirements.

Historic Designation

Has the property been designated as a historic property by Greenville County?

☐ Yes **Date:** _____

☐ No

If No, indicate status:

☐ Historic designation application submitted with this application

☐ Historic designation is being processed separately

Historic Designation Case No.: _____

Supporting Documentation

☐ NPS Part 1 attached

☐ HPC-02 attached

☐ County historic designation documentation attached

☐ Other: _____

6. DESCRIPTION OF PROPOSED REHABILITATION

Is the proposed rehabilitation being submitted for Federal or State historic tax credit review?

☐ **Yes**

If Yes, attach the applicable approved rehabilitation documentation:

☐ NPS Part 2 - Description of Rehabilitation

☐ SHPO-approved S2 / equivalent State rehabilitation documentation

Project / Certification No., if applicable: _____

☐ **No**

If No, attach HPC-04 Description of Proposed Work.

Proposed Rehabilitation Documentation

☐ NPS Part 2 attached

☐ SHPO-approved S2 attached

☐ HPC-04 attached

☐ Other: _____

---

7. APPLICANT CERTIFICATION

I certify that the information provided in this application and accompanying documentation is true and correct to the best of my knowledge. I understand that preliminary certification must be granted before rehabilitation work begins and that approval of preliminary certification is based upon the information submitted with this application.

I understand that substantive changes to the approved rehabilitation work must receive approval from the Greenville County Historic Preservation Commission and that unapproved changes may affect the property's eligibility for the special property tax assessment. The County ordinance specifically requires HPC approval of substantive changes after preliminary certification.

I further understand that preliminary certification does not constitute approval of any building, zoning, site, or other permit that may be separately required.

Owner Name: _____

Signature: _____ **Date:** _____

Applicant / Agent Name: _____

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: _____