HPC-08 / SPECIAL TAX ASSESSMENT FINAL 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.

Upon preliminary certification, an eligible property may receive the special tax assessment for the initial assessment period established by the Greenville County Code of Ordinances. Final certification must be obtained upon completion of the rehabilitation in order for the property to continue receiving the special tax assessment for the remainder of the authorized assessment period.

Submit this application after all rehabilitation work has been completed. The completed work must be consistent with the work approved through preliminary certification and any subsequently approved amendments.

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.: _____ **Date of Preliminary Certification:** _____

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2. OWNER INFORMATION

Name: _____ Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

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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. REHABILITATION COMPLETION

Date rehabilitation work was completed: _____

Was the approved rehabilitation completed as certified through preliminary certification?

☐ **Yes**

➢ ***Proceed to Section 5.***

☐ **No**

If No, identify the changes and provide the applicable HPC-05 Amendment documentation.

HPC-05 Amendment Case / Approval No.: _____

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5. DOCUMENTATION OF COMPLETED WORK

Was the rehabilitation reviewed through the National Park Service or South Carolina State Historic Preservation Office tax credit program? If yes, attach the applicable final NPS / SHPO approval or certification documentation and check which is being provided below.

☐ NPS final approval / certification

☐ SHPO final approval / certification

➢ ***Proceed to Section 6.***

If the rehabilitation was not reviewed through the NPS or SHPO, attach HPC-06 Documentation of Completed Work, including photographs and other documentation required by the Instructions.

☐ HPC-06 attached

➢ ***Proceed to Section 6.***

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6. FINAL REHABILITATION EXPENDITURES

Total qualifying rehabilitation expenditures:

$_____

Attach documentation of qualifying expenditures as required by the Instructions.

Fair Market Value Used for Preliminary Certification

Fair Market Value: $_____

Required Rehabilitation Expenditure

Applicable percentage: _____ %

Required minimum expenditure: $_____

Final qualifying rehabilitation expenditure: $_____

☐ Final qualifying expenditures meet the applicable requirement.

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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 final certification is required before the property is eligible for the Special Tax Assessment for Rehabilitated Historic Properties.

I certify that the rehabilitation work described in the accompanying documentation has been completed and that, to the best of my knowledge, the completed work conforms to the work approved through preliminary certification and any approved amendments.

I understand that the special tax assessment is subject to the requirements of Chapter 7, Section 13 of the Greenville County Code of Ordinances and Section 4-9-195 of the South Carolina Code of Laws, 1976, as amended.

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: _____