Greenville County Historic Preservation Commission
Special Tax Assessment for Rehabilitated Historic Properties
AMENDMENT FORM
Use this form to propose changes in project work.

The Greenville County Code of Ordinances, Chapter 7, Section 13, authorizes a Special Tax Assessment for Rehabilitated Historic Properties that meet the criteria for eligibility authorized in Section 4-9-195 in the South Carolina Code of Laws. Upon Final Certification, eligible properties will receive an assessment equal to the assessed value at the time of preliminary certification. The special assessment period shall not exceed ten (10) years in length. A separate application is required for amendment to approved rehabilitation work. Completed applications, including all required attachments, should be mailed to: Greenville County Historic Preservation Commission, Attn: Planner, Historic Preservation-301 University Ridge, Suite 3800 Greenville, SC 29601.

PROPERTY INFORMATION:
Street Address: ____________________________

Use: ☐ Owner-occupied, or ☐ Income-producing

Property Identification Number: ____________________________

Fair market value of building $ ____________________________

Change in estimated project costs $ ____________________________

Describe changes in the project work (attach additional sheets if needed):


OWNER INFORMATION
Name ____________________________ Mailing Address ____________________________

Email Address ____________________________

Signature ____________________________ Date __________ City __________ State __________ Zip __________

Daytime Telephone: ____________________________

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.
Administrator Authorized Signature Date

☐ See attached sheets