



Fort Mill
SOUTH CAROLINA

Town of Fort Mill

Special Tax Assessment for Rehabilitated Historic Properties (Bailey Bill)

Application for Preliminary Certification

The Town of Fort Mill Code of Ordinances authorizes a Special Tax Assessment for Rehabilitated Historic Properties that meet the criteria for eligibility. Upon Final Certification, eligible properties will receive a special assessment equal to the pre-rehabilitation value for a period of twenty years. The provisions of the Special Tax Assessment for Rehabilitated Historic Properties shall be administered pursuant to Chapter 2, Article IV, Division 3 of the Town of Fort Mill Code of Ordinances and Section 5-21-140 of the South Carolina Code of Laws, 1976, as amended. This application is used by the Town of Fort Mill for the purpose of granting Preliminary Certification to eligible properties. A separate application will be required for Final Certification once the rehabilitation work has been completed. Completed applications, including all required attachments, may be dropped off at Town Hall, 200 Tom Hall Street to the attention of the Planning Director.

| Property Information | | | | | |
|---|-------|---|-------|------------------|--|
| Name of Historic Property: | | | | | |
| Street Address: | | | | | |
| City: | | State: | SC | Zip Code: | |
| TM #: | - - | Fair Market Value: | | \$ | |
| How did you determine the fair market value of the property? (Select one. Please submit appropriate documentation with your application) | | <input type="checkbox"/> Property appraisal completed by a real estate appraiser licensed by the State of South Carolina. <input type="checkbox"/> Sale price as delineated in a bona fide contract of sale within twelve months of the time the application is submitted <input type="checkbox"/> Most recent appraised value published by the York County Tax Assessor. | | | |
| Applicant Information | | | | | |
| Name of Property Owner: | | | | | |
| Mailing Address: | | | | | |
| City: | | State: | | Zip Code: | |
| Phone: | () - | Fax: | () - | Email: | |
| Historic Designation | | | | | |
| Eligibility Requirements (Select one. If your property does not meet one of these criteria, you are not eligible for the Special Tax Assessment for Rehabilitated Historic Properties.) | | <input type="checkbox"/> Property is listed on the National Register of Historic Places, individually or as a contributing property within a National Register Historic District. <input type="checkbox"/> Property is at least fifty (50) years old and has been determined to be eligible for listing on the National Register of Historic Places by the South Carolina Department of Archives and History. <input type="checkbox"/> Property is at least fifty (50) years old and is located within the Town of Fort Mill Historic Preservation District <input type="checkbox"/> Property was designated, by resolution, as eligible by town council pursuant to the eligibility criteria in Chapter 2, Article IV, Division 3, Sec. 2-201(b)(2)(b) of the Town of Fort Mill Code of Ordinances. | | | |

| | | | |
|---|---|--|---|
| Please provide a BRIEF overview of the historical significance of the building. | | | |
| In what year was the primary structure(s) built? | | | |
| Have there been any major alterations or additions to the structure(s)? (Select one) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, please include the dates and description of any alterations. | | | |
| Project Information | | | |
| Project Start Date: (Month/Year) | / | Estimated Completion Date: (Month/Year) | / |
| Total Estimated Project Cost: | | \$ | |
| What type of improvements will be undertaken as part of this project? (Select all that apply. Please attach a detailed description of the work to be completed with your application.) | <input type="checkbox"/> Repairs to the exterior of the designated building. <input type="checkbox"/> Alterations to the exterior of the designated building. <input type="checkbox"/> New construction on the property on which the building is located, including site work. <input type="checkbox"/> Alterations to interior primary public spaces, as defined by the reviewing authority. <input type="checkbox"/> Any remaining work where the expenditures for such work are being used to satisfy the minimum expenditures for rehabilitation, including, but not limited to, alterations made to mechanical, plumbing and electrical systems. | | |
| Required Attachments | | | |
| Applications will not be reviewed until all required attachments have been submitted. | | | |
| <input type="checkbox"/> Signed and completed Town of Fort Mill Application for Preliminary Certification. <input type="checkbox"/> A map showing the location of the property. <input type="checkbox"/> Color photographs showing the interior and exterior of the building, including, but not limited to, any areas to be rehabilitated. <input type="checkbox"/> A detailed description of proposed work. (If an application has been submitted for federal Investment Tax Credits, you may attach a copy of the proposed work from the federal form.) <input type="checkbox"/> Architectural floor plans showing the pre-rehabilitation conditions. <input type="checkbox"/> Architectural floor plans showing the proposed rehabilitation work. <input type="checkbox"/> Documentation of fair market value (a valid appraisal, contract of sale, or appraised value published by the York County Assessor are acceptable). | | | |
| Optional Attachments | | | |
| <input type="checkbox"/> There is a fee required for the review of rehabilitation work. The fee may be paid at the time the applicant applies for Preliminary <u>or</u> Final Certification; however, Final Certification will not be given until the fee has been paid in full. Fees shall be made payable to the Town of Fort Mill. The amount of the fee shall be as follows: <ul style="list-style-type: none"> ▪ For owner-occupied, non-income producing properties, the fee shall be \$150.00. ▪ For income-producing or non-owner occupied properties, the fee shall be \$300.00. | | | |

Under penalty of perjury, I certify that all information included in this application is true and correct. I understand that this property shall not be eligible for the Special Tax Assessment for Rehabilitated Historic Properties until final

certification has been granted by the Town of Fort Mill pursuant to Chapter 2, Article IV, Division 3 of the Town of Fort Mill Code of Ordinances and Section 5-21-140 of the South Carolina Code of Laws, 1976, as amended

Applicant Signature

Date

For Town of Fort Mill Office Use Only

- Completed application and all required attachments were received on _____.
- This property meets the Historic Designation Criteria of Chapter 2, Article IV, Division 3, Sec. 2-201(b)(2)(b) of the Town of Fort Mill Code of Ordinances.
- The work described in the application appears to meet the Standards for Rehabilitation of Chapter 2, Article IV, Division 3, Sec. 2-202(a) of the Town of Fort Mill Code of Ordinances.
- The total estimated project cost meets Minimum Expenditures for Rehabilitation requirements of Chapter 2, Article IV, Division 3, Sec. 2-202(c) of the Town of Fort Mill Code of Ordinances.
- Scheduled for Historic Review Board review on _____.
- Historic Review Board recommended ___ Approval ___ Denial on _____.
- Preliminary Certification ___ Granted ___ Denied on _____.
- Applicant notified on _____.

Application Processed by:

Notes: