CERTIFICATE OF APPROPRIATENESS APPLICATION
HISTORIC DISTRICTS

Date____________________________________ **Number**_________________________________

Property Owner Name, Address & Phone Number

____

____

____

Phone_________________________

Applicant Name, Address & Phone Number

____

____

____

Phone_________________________

Building/Site Location

____

____

____

Legal Description

Block____________ **Lot**__________________

Subdivision_____________________________

Tax Map #______________________________

Occupancy/Use____

Request/Description of Work to be Done

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Drawings/Sketches Attached

____**Yes** ____**No**

Photographs Attached

___**Current** ___**Historic**

Material Sample (s) Attached (Please List)

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I hereby certify that this information is correct to the best of my knowledge and that the said work will be done in conformance with all submissions herein set forth, and in compliance with the City of Walterboro's Historic Overlay District Ordinances and Building Codes.

** APPROVAL OF A CERTIFICATE OF APPROPRIATENESS DOES NOT CONSTITUTE APPROVAL OF OTHER REQUIRED BUILDING PERMITS. **

Signed ______________________________ **Print Name**____________________________

Owner or Contractor

~ ~

Office Use

_____ **Approved** _____**Approved with Conditions**____

______ **Denied** ____

____

____

x______________________________________

Chair – Historic Preservation Commission

x______________________________________

Member - Historic Preservation Commission

x______________________________________

Planning & Zoning Official

Date____________________________________

City of Walterboro, 300 Hampton Street, Walterboro, South Carolina 29488
(843) 782-1000 Fax (843) 782-4747