



# City of York

## Special Tax Assessment for Rehabilitated Historic Properties (Bailey Bill)

Application for Final Certification  
 (\*\*\*)Note: Special Tax Assessment Applies to City Property Taxes Only(\*\*\*)

The City of York 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 ten years. The provisions of the Special Tax Assessment for Rehabilitated Historic Properties shall be administered pursuant to the City of York Code of Ordinances, Section 40-39 and Section 5-21-140 of the South Carolina Code of Laws, 1976, as amended. This application is used by the City of York for the purpose of granting Final Certification to eligible properties. Completed applications, including all required attachments, may be dropped off at City Hall (10 N. Roosevelt Street) to the attention of the Planning Director.

### Property Information

<b>Name of Historic Property:</b>					
<b>Street Address:</b>					
<b>City:</b>		<b>State:</b>	SC	<b>Zip Code:</b>	
<b>TM #:</b>	-	-	<b>Fair Market Value:</b>		\$
<b>How was the Fair Market Value determined during Preliminary Certification?</b> (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.		
<b>How will this property be used?</b> (Select one)			<input type="checkbox"/> Owner-occupied, non-income producing <input type="checkbox"/> Income-producing or non-owner occupied		
<b>When did this property receive Preliminary Certification Approval?</b>			<b>Date (Month/Year):</b> /		

### Property Owner Information

<b>Name of Property Owner:</b>					
<b>Mailing Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>	
<b>Phone:</b>	(    )	-	<b>Fax:</b>	(    )	-
				<b>Email:</b>	

### Project Information

<b>Project Start Date:</b> (Month/Year)	/	<b>Project Completion Date:</b> (Month/Year)	/
<b>Were there any major changes to the work plan approved during Preliminary Certification?</b> (Select one. If there were no changes, please skip to the next section)			<input type="checkbox"/> Yes <input type="checkbox"/> No

<p><b>If yes, were these changes previously reviewed and approved by the reviewing authority?</b> (Select one. If yes, please skip to the next section)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<p><b>If changes were not previously approved, please include a detailed description of any changes to the original work plan.</b> (Please note that any changes are subject to approval by the reviewing authority)</p>	
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<b>Financial Information</b>	
<p><b>What was the total amount invested on eligible rehabilitation expenses associated with the project?</b> (Please attach a detailed accounting of project expenditures)</p>	\$

<b>Required Attachments</b>	
<p><b>Applications will not be reviewed until all required attachments have been submitted.</b></p>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Signed and completed City of York Application for Final Certification.</li> <li><input type="checkbox"/> Documentation of fair market value as approved at Preliminary Certification (a valid appraisal, contract of sale, or appraised value published by the York County Assessor).</li> <li><input type="checkbox"/> A detailed accounting of eligible rehabilitation expenses. Accounting records shall, at minimum, provide enough detail to show that the project meets the minimum expenditures for rehabilitation as outlined in the City of York Code of Ordinances, Section 40-39.</li> <li><input type="checkbox"/> Color photographs of the interior and exterior of the building that illustrate the rehabilitation work.</li> </ul>	

<b>Optional Attachments</b>	
<ul style="list-style-type: none"> <li><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 City of York. The amount of the fee shall be as follows: <ul style="list-style-type: none"> <li>▪ For owner-occupied, non-income producing properties, the fee shall be \$150.00.</li> <li>▪ For income-producing or non-owner occupied properties, the fee shall be \$300.00.</li> </ul> </li> <li><input type="checkbox"/> Check here if your fee was included with your application for Preliminary Certification. Please include a copy of your receipt as proof of payment.</li> </ul>	

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 City of York pursuant to the Code of Laws of the City of York, Section 40-39 and Section 5-21-140 of the South Carolina Code of Laws, 1976, as amended.

APPLICATION TO YORK COUNTY AUDITOR: I understand that once Final Certification has been granted and the property has been deemed eligible for the Special Tax Assessment, I must contact and/or submit a separate application to the York County Auditor in order to receive the special assessment.

DECERTIFICATION: I acknowledge that the special assessment shall remain in effect for the length of the special assessment period, unless the property shall become decertified under one or more of the following provisions:

- 1) Written notice from the owner to the City of York City Manager and York County Auditor requesting removal of the special assessment;
- 2) Removal of the historic designation by the City Council, based upon noncompliance of the criteria established in the City of York Code of Ordinances, Section 40-39;
- 3) Removal of the historic designation by the National Register of Historic Places; or,
- 4) Rescission of the approval of rehabilitation by the city, at the recommendation of the reviewing authority, because of alterations or renovation by the owner or the owner's estate which causes the property to no longer possess the qualities and features which made it eligible for Final Certification. Notification of any change affecting eligibility must be given immediately to the York County Assessor, Auditor, and Treasurer.

**Property Owner Signature**

**Date**

\_\_\_\_\_

**For City of York Office Use Only**

- Completed application and all required attachments were received on \_\_\_\_\_.
- This property previously received Preliminary Certification on \_\_\_\_\_.
- This property previously received a Certificate of Appropriateness on \_\_\_\_\_.
- The work was completed as submitted. (If there were any changes to the work plan, these changes were / were not approved by the Historic Review Board on \_\_\_\_\_.)
- The total expenditures meet the Minimum Expenditures for Rehabilitation requirements of the City of York Code of Ordinances, Section 40-39.
- Scheduled for Historic Review Board review on \_\_\_\_\_.
- Historic Review Board recommended \_\_\_ Approval \_\_\_ Denial on \_\_\_\_\_.
- Final Certification \_\_\_ Granted \_\_\_ Denied on \_\_\_\_\_.
- Applicant notified on \_\_\_\_\_.

Application Processed by:

Notes: