



**ABANDONED BUILDINGS ACT
APPLICATION FOR ELIGIBILITY AND CREDIT
AGAINST REAL PROPERTY TAXES**

1. PROPERTY INFORMATION

Building Site Address: _____

City _____, South Carolina ZIP Code _____

TMS# _____

Have you filed a Notice of Intent to Rehabilitate with the City? Yes _____ No _____

**If No, include with this application a letter indicating your intent to rehabilitate the building site, the location of the building site, the amount of acreage involved in the building site, the amount of square footage of existing buildings involved in the building site and the buildings to be rehabilitated, any new construction at the building site, and the estimated expenses to be incurred in connection with the rehabilitation.*

When was the building site abandoned? _____

**You must provide documentation to support the information provided above. A letter from the City of Hartsville's Business Licensing Department indicating when the last business license was revoked is preferred.*

Has at least 66% of the building/structure been closed continuously to business or otherwise non-operational for income producing purposes for a period of at least five (5) years immediately preceding the date on which the Notice of Intent to Rehabilitate was filed? Yes _____ No _____

**This calculation is based on the total amount of square footage as certified by the Darlington County Tax Assessor.*

What was the building's use immediately preceding its abandonment? _____

**Structures with an immediate preceding use as a single-family residence are not deemed abandoned buildings.*

On what date did you become the owner of record? _____

Is the building on the National Register of Historic Places? Yes _____ No _____

➤ If yes, will any portion of the building be demolished?

What was the square footage at the time Notice of Intent is/was filed? _____

2. PROJECT INFORMATION

Estimated project start date: _____ Estimated completion date: _____

Estimated rehabilitation costs \$ _____ (Total must be more than \$250,000 to qualify).

**Eligible expenses do not include cost of acquiring the site or cost of personal property at the site.*

*** Expenses increasing the square footage of the site by more than 200% are not eligible.*

Do you plan to subdivide the building or structure into separate units or parcels? Yes _____ No _____

➤ If yes, how many?

Will the rehabilitation work increase the square footage of the building site? Yes _____ No _____

➤ If yes, how much additional square footage will be added?

Briefly describe your plans for the building site including the future planned use of the building site and structure(s).

3. OWNER INFORMATION

Name _____ Signature _____

Address _____ Date _____

_____ Daytime Telephone _____

4. AFFIDAVIT

Please complete and sign the applicable attached affidavit.

FOR CITY USE ONLY

DEPARTMENT SUBJECT TO REQUEST: _____ **RECEIVED BY:** _____
REQUEST ASSIGNED TO: _____ **DATE OF COMPLETION:** _____
DATE OF ASSIGNMENT: _____ **DATE RESPONSE DUE:** _____

