



**RETAIL FACILITIES REVITALIZATION ACT
APPLICATION FOR ELIGIBILITY AND CREDIT
AGAINST REAL PROPERTY TAXES**

1. PROPERTY INFORMATION

Building Site Address: _____

City _____, South Carolina ZIP Code _____

TMS# _____

Has at least 80% of the building/structure been closed continuously to business or otherwise non-operational for income producing purposes for a period of at least one (1) year immediately preceding the date on which this Application was submitted? Yes _____ No _____

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

***The building/structure may have been used as a wholesale facility immediately prior to rehabilitation provided it has not served such purpose for more than one year.*

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 A letter from the City of Hartsville's Business Licensing Department indicating when the last business license was revoked is preferred.*

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

**The site must have been used as a shopping center, mall, or a free-standing retail sales facility with such retail uses occupying at least 40,000 square feet of the facility (unless such amount is reduced pursuant to S.C. Code § 6-34-40(F)).*

***The building/structure may have been used as a wholesale facility immediately prior to rehabilitation provided it has not served such purpose for more than one year.*

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.*

What is the current square footage of the building/structure? _____

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?

2. PROJECT INFORMATION

Estimated project start date: _____

Estimated project completion date: _____

**Applicants must file an election to receive property tax credits with the South Carolina Department of Revenue prior to placing the building/structure in service.*

Estimated rehabilitation costs \$ _____

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

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:** _____

Notes:

(For Individual Property Owners)

Applicant(s)

Date

STATE OF SOUTH CAROLINA)
)
COUNT OF DARLINGTON) AFFIDAVIT

PERSONALLY APPEARED BEFORE ME, the undersigned, who first being duly sworn, deposes and says, subject to the penalties of perjury, that the information contained in the foregoing Application For Eligibility and Credit Against Real Property Taxes is true and correct.

Applicant(s)

Sworn to before me this ____ day of _____, 20____.

Notary Public for South Carolina

My Commission Expires: _____

(For Entity Property Owners)

 Name of Entity

By: _____

Its: _____

 Date

STATE OF SOUTH CAROLINA)	
)	AFFIDAVIT
COUNT OF DARLINGTON)	

PERSONALLY APPEARED BEFORE ME, _____, by
 _____, its _____ duly authorized, who first being duly sworn,
 deposes and says, subject to the penalties of perjury, that the information contained in the foregoing
 Application For Eligibility and Credit Against Real Property Taxes is true and correct.

 Name of Entity

By: _____

Its: _____

Sworn to before me this ____ day of _____, 20__.

 Notary Public for South Carolina

My Commission Expires: _____