

CERTIFICATE OF APPROPRIATENESS APPLICATION
CENTRAL BUSINESS DISTRICT

Date _____

Number _____

Property Owner Name, Address & Phone Number

Applicant Name, Address & Phone Number

Phone _____

Phone _____

Building/Site Location

Legal Description

Block _____ Lot _____

Subdivision _____

Occupancy/Use _____

Request/Description of Work To Be Done

Drawings/Sketches Attached

Yes No

Photographs Attached

Current Historic

Material Sample (s) Attached (Please List)

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 x _____

Owner or Contractor

Print Name _____

Office Use

Approved

Approved with Conditions _____

Denied

X _____
Chair – Board of Zoning Appeals

X _____
Member – Board of Zoning Appeals

X _____
City Building Official

Date _____