

**Planning & Development Dept. - Permit Application Center**

P.O. Box 11706, or 155 Johnston Street  
Rock Hill, South Carolina 29731-1706  
Phone: 803-329-5590  
FAX: 803-329-7228 -- website: [www.cityofrockhill.com](http://www.cityofrockhill.com)



**CERTIFICATE OF APPROPRIATENESS (COA) – Historic Property**

Sections 2-200 and 2-300 of the Zoning Code establish the requirements and process for a Certificate of Appropriateness (COA). Applications will be reviewed by staff and you will be notified as to whether the proposed work will require approval from the Board of Historic Review. Please note that for proposed work requiring approval of the Board, applications must be submitted at least 20 days prior to the next regularly scheduled meeting, which occurs on the first Thursday of each month.

**Please Print or Type:**

COA Site Address: \_\_\_\_\_ Parcel#: \_\_\_\_\_  
*(Location of historic property inside RH City Limits)*

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Project Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Project Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Property Zoned: \_\_\_\_\_ Property is:  Residential  Commercial

I have consulted the City's Historic Design Review Guidelines for this project:  Yes  No

Property Owner:  Same as Applicant  Single: \_\_\_\_\_  Multiple (Signatures Attached)

**I am requesting a Certificate of Appropriateness as required by the Rock Hill Zoning Ordinance for properties covered by Section 2-300 (G). Please describe the proposed work below:**

Attach drawings of proposed renovations, if available, and provide "As Is" photos of overall proposal, views, details on site, structures and streetscape. Please be sure to answer the following:

- On what area(s) of the structure is the being working proposed? (E.g. foundation, back porch, front door, roof) \_\_\_\_\_
- What is the approximate size of the area being renovated (if applicable)? \_\_\_\_\_
- List on drawings or an attached sheet:
  - a. Drawing of the proposed modifications (if applicable)
  - b. Type(s) of materials used on each (Ex. Wood, vinyl, brick, metal, composite): \_\_\_\_\_
  - c. Specific colors used in each modification: \_\_\_\_\_

You may be asked to provide a sample(s) of work materials for the Board of Historic Reviews Meeting.

Description of work: \_\_\_\_\_  
\_\_\_\_\_

Attach additional information support the application as necessary. Indicate the facts that support your request as required by the zoning code and the design review guidelines.

**Other points to remember:**

- Development authorized by the COA shall not be carried out until the applicant has secured all other permits required by this Ordinance or any other applicable provisions of the City.
- Issuance of a COA shall authorize only the particular project and the approval, including any conditions, shall run with the land and not be affected by a change in ownership.
- Unless otherwise stated, failure to begin and/or complete approved activity within twelve (12) months from the date of approval will result in expiration of the COA.

**I certify that all of the information presented by me in this application is accurate to the best of my knowledge, information and belief. I have read the instructions and all other information provided with the application packet.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Signature of Property Owner (if not applicant)

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Printed Name of Property Owner

<b>FOR OFFICE USE ONLY:</b> Date Filed: _____ <input type="checkbox"/> If incomplete, returned: _____	
<input type="checkbox"/> Staff Report <input type="checkbox"/> Legal Notice <input type="checkbox"/> Posted	<b>Action:</b> <input type="checkbox"/> Rejected <input type="checkbox"/> Approved By BHR _____
Determination: _____	
<input type="checkbox"/> Building Permit issued <input type="checkbox"/> Other Permit issued <input type="checkbox"/> Applicant Notified	