City of Spartanburg Planning Department

Certificate of Appropriateness Application

Mail to:
Post Office Box 1749
Spartanburg, SC 29304

Phone: 864.596.2068
Fax: 864.596.2360
nrosario@cityofspartanburg.org

Name_____

Address _____Email_____

Home Phone_____Work/Cell Phone_____

Owner Name and Address (if other than applicant):

Historic Property

Street Address _____

Tax Map Number_____ Zoning District _____

Type of Change (Check all that apply)

○ Alteration   ○ Repair   ○ Addition   ○ New Construction

○ Demolition   ○ Other

Work being performed by

Architect or Engineer_____ Contact Information _____

Building Contractor _____ Contact Information _____

Other _____ Contact Information _____

For Official Use Only

Date Received _____ Time_____

Accepted by _____ Master Tracking Number_____

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Required Attachments to this Application

○ Site Plan   ○ Elevation   ○ Detail Drawing(s) or Sketch(s)

○ Material Sample(s)   ○ Photographs   ○ Other _____

(Please discuss appropriate photographs/materials with the Planning Department prior to application submission)

Description of Proposed work (attach extra sheets as needed) _____

_____

_____

_____

Please read and initial the following statements

_____ I am the owner of the property, or

_____ I am acting on behalf of the owner(s) of this property and have attached a letter from the owner(s) indicating their knowledge of this application

_____ The information on this application represents an accurate description of the proposed work. I have omitted nothing that might affect the decision of the Historic Architect Review Board

_____ I will attend (or send a representative to attend) the public hearing of this application before the Historic Architect Review Board

_____ I understand that issuance of a Certificate of Appropriateness is not an authorization to begin work

_____
Signature of Applicant   Date