



CITY OF COLUMBIA PLANNING DIVISION

ABANDONED BUILDINGS ACT

APPLICATION FOR CREDIT AGAINST REAL PROPERTY TAXES

1. PROPERTY INFORMATION

Building Site Address _____

City _____, South Carolina (ZIP) _____

TMS# (obtainable from Richland County website, see below) _____

*<http://www.richlandonline.com/OnlineServices/PropertyValueTaxEstimate.aspx>

Have you filed a Notice of Intent to Rehabilitate with the City of Columbia Planning Division? _____

When was the building site abandoned? _____

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 A letter from the City of Columbia's Business Licensing Department indicating when the last business license was revoked is preferred.*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

**This calculation is based on the total amount of square footage as certified on the Richland County Tax Assessor's web site <http://www.richlandonline.com/OnlineServices/PropertyValueTaxEstimate.aspx>*

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

**Buildings or 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 project 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? _____

➤ If yes, how many? _____

Will the rehabilitation work increase the square footage of the building site? _____

➤ 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.

Staff Use Only:

Zoning: _____

Will the project require additional approvals from any of the following?

- _____ Board of Zoning Appeals
- _____ Design/Development Review Commission
- _____ Planning Commission
- _____ Site Plan Review
- _____ Temporary Encroachment
- _____ Permanent Encroachment
- _____ Other: _____

