



# HISTORIC DISTRICT BOARD OF REVIEW

## DOWNTOWN SAVANNAH HISTORIC DISTRICT

### Application for Certificate of Appropriateness

# 2024

Per House Bill 493, **detailed checklists of items required to be submitted for each type of project** are supplemental to this application. **Each item must be checked off and a page number where the item is located must be noted and included with the application.** **The applicant must sign the affidavit**, at the end of the application and each required checklist, certifying that all required items are provided. If there are questions regarding items required for your specific project, contact staff for clarification prior to submitting the application.

**Applications that do not provide documentation or required materials will be noted as incomplete** and may result in delays in the Board or Staff's review of the application and/or denial of the request. Revisions made to the applications after the submittal deadline and prior to the Board hearing may be continued to the following month's hearing. The Board reserves the right to require additional information if it believes that the submission of such information is necessary to understand the nature of the intended activity.

**Submissions will only be accepted when emailed to [historic@thempc.org](mailto:historic@thempc.org). Ensure the file size does not exceed 10 MB.**

**For questions, email [preservationquestions@thempc.org](mailto:preservationquestions@thempc.org) or call 912-651-1440.**

**Do not email questions to [historic@thempc.org](mailto:historic@thempc.org).** If email is not available, contact the office for alternate arrangements.

#### **Applicant Contact Information:**

Name (Business & Contact): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

#### **Property Owner Contact Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Official Correspondence:**  Applicant  Owner  Other \_\_\_\_\_ (Check all that apply)

**Property Information of Proposed Work:** (PIN and Zoning information can be found at <https://www.sagis.org/map/>.)

Address: \_\_\_\_\_

PIN (Property Identification Number): \_\_\_\_\_ Zoning: \_\_\_\_\_

**INTENTIONALLY LEFT BLANK**

**SEE PAGE 2**

**Scope Of Work:**

STAFF REVIEW (two or less of the following*):		BOARD REVIEW:	
<input type="checkbox"/> Color Change	<input type="checkbox"/> Brick Repointing	<input type="checkbox"/> Rehabilitation*	<input type="checkbox"/> Illuminated Signs
<input type="checkbox"/> Roof Repair/Replace	<input type="checkbox"/> Shutters	<input type="checkbox"/> Alterations	<input type="checkbox"/> Fences
<input type="checkbox"/> Awnings	<input type="checkbox"/> Windows and/or Doors	<input type="checkbox"/> Additions	<input type="checkbox"/> Demolition
<input type="checkbox"/> Stucco Repair	<input type="checkbox"/> Mechanical Screening	<input type="checkbox"/> New Construction	<input type="checkbox"/> Relocation
<input type="checkbox"/> Non-Illuminated Signs		<input type="checkbox"/> New Construction (Part II)	
<b>OTHER:</b>		<input type="checkbox"/> New Construction (Accessory Building, Parts I and II)	
<input type="checkbox"/> Amendment to Previous COA Previous Case File Number:		<input type="checkbox"/> Special Exception(s) Requests	
<input type="checkbox"/> Other (Description): Contact staff for checklist requirements prior to submittal.		<input type="checkbox"/> Variance Recommendation Requests	

\*Three or more staff review items automatically becomes a Board Review application.

**2024 Historic District Board of Review Schedule:**

Application Deadline Dates, by 3:00 p.m.*	Meeting Date (Time: 1:00 p.m.)
<input type="checkbox"/> December 14, 2023	January 10, 2024
<input type="checkbox"/> January 11	February 14
<input type="checkbox"/> February 15	March 13
<input type="checkbox"/> March 14	April 10
<input type="checkbox"/> April 11	May 8
<input type="checkbox"/> May 9	June 12
<input type="checkbox"/> June 13	July 10
<input type="checkbox"/> July 11	August 14
<input type="checkbox"/> August 15	September 11
<input type="checkbox"/> September 12	October 9
<input type="checkbox"/> October 10	November 13
<input type="checkbox"/> November 14	December 11
<input type="checkbox"/> December 12	January 8, 2025

\* For petitions that were reviewed at the immediately prior meeting, the deadline is extended one (1) week.

**Contact staff to schedule a pre-meeting:**  
[preservationquestions@thempc.org](mailto:preservationquestions@thempc.org) or call 912-651-1440.  
**Pre-meetings must be held a minimum of ONE WEEK before a deadline.**

**Estimated Cost of the Proposed Work:** \$ \_\_\_\_\_

**Filing Fee Schedule:** (Fees shall be paid digitally at <https://www.thempc.org/Application#gsc.tab=0> )

Fee Description (Select <b>one ONLY</b> )	Filing Fee
<input type="checkbox"/> Cost of Scope of Work: \$0 - \$2,500	\$25.00
<input type="checkbox"/> Cost of Scope of Work: \$2,501- \$5,000	\$50.00
<input type="checkbox"/> Cost of Scope of Work: \$5,001- \$25,000	\$75.00
<input type="checkbox"/> Cost of Scope of Work: \$25,001- \$50,000	\$100.00
<input type="checkbox"/> Cost of Scope of Work: \$50,001- \$100,000	\$150.00
<input type="checkbox"/> Cost of Scope of Work: \$100,001- \$500,000	\$200.00
<input type="checkbox"/> Cost of Scope of Work: \$500,001 - \$1,000,000	\$300.00
<input type="checkbox"/> Cost of Scope of Work: \$1,000,001 - \$5,000,000	\$500.00
<input type="checkbox"/> Cost of Scope of Work: \$5,000,001 - \$10,000,000	\$1,000.00
<input type="checkbox"/> Cost of Scope of Work: Over \$10,000,000	\$1,500.00
<input type="checkbox"/> Demolition of a contributing building	\$500.00
<input type="checkbox"/> Appeal of Staff Decision	\$250.00
Additional Fees (Select in addition to above, if applicable)	Filing Fee
<input type="checkbox"/> Special Exception Request	\$1,000.00
<input type="checkbox"/> Special Exception Request – (Church, Family Care Home, Family Daycare, Institutional Uses)	\$500.00
<input type="checkbox"/> Amendment to previous COA	Estimated cost of scope of work of amendment
<input type="checkbox"/> After-the-Fact (Work completed without a COA)	Filing fee (above) doubled

**Affidavit Certifying Completeness of Application:**

I hereby acknowledge that I understand the requirements listed above for what constitutes a complete application. I have checked off each box and included a page number where the item is located. I confirm that the requirements for a complete application have been met.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Legal Owner or Authorized Agent:**

I have read and understand all the information enclosed in this application form. I hereby certify that I am the legal owner or authorized agent for the legal owner of the subject property.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submissions will only be accepted when emailed to [historic@thempc.org](mailto:historic@thempc.org). Ensure the file size does not exceed 10 MB. Please do not submit questions to [historic@thempc.org](mailto:historic@thempc.org). For questions, email [preservationquestions@thempc.org](mailto:preservationquestions@thempc.org) or call 912-651-1440. Please do not submit applications to [preservationquestions@thempc.org](mailto:preservationquestions@thempc.org).** If email is not available, contact the office for alternate arrangements.

A complete application submission consists of:

1. Complete, signed application
2. Complete, signed checklist(s) for each request
3. Checklist documentation
4. Payment receipt

**Applications that do not provide documentation or required materials will be noted as incomplete and may result in delays in the Board or Staff’s review of the application and/or denial of the request.**