



City of Spartanburg Planning Department
Certificate of Appropriateness Application

Post Office Box 1749
Spartanburg, SC 29304

Phone: 864.596.2068
Fax: 864.596.2360

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