

Property Owner Information

Name:

Mailing Address:

Phone Number:

Email:

Applicant Information (if different from Property Owner)

Name:

Mailing Address:

Phone Number:

Email:

Property Information

Address:

Parcel #:

I (we) certify that I am the lawful owner of the referenced property and authorize the submission of this Certificate of Appropriateness Application to the Cheraw Board of Architectural Review. Further, I certify that this application is not contrary to or does not conflict with any restrictive covenants as specified in SC Code of Laws 6-29-1145. I understand that if my proposed work deviates from submitted plans then it must be reviewed by the Board of Architectural Review before it may proceed. I understand that commencing work in the Historic District without a Certificate of Appropriateness is a misdemeanor as outlined in the Cheraw Zoning Ordinance.

Signature
of Owner:

Date:

Office Use Only

- _____ Photos of Property Included/Emailed
- _____ Required Supporting Material Included
- _____ Fee Included (**\$75 FOR DEMOLITION ONLY**)

I, _____ attest that the Board of Architectural Review approved this
Signature of BAR Chair
proposal on _____.
Date

I, _____ attest that the submitted plans meet the requirements of the Maintenance
Signature of Zoning Administrator
and Repair Exceptions outlined in the Cheraw Zoning Ordinance on _____.
Date

