



**Town of
Kingstree**

**Kingstree Planning & Building
Department**
401 N. Longstreet Street
Kingstree, SC 29555
Phone: 843-355-7484

Form
COA_{ARB}

**Certificate of
Appropriateness
Application**
(August 2012)

Instructions to Applicant: This application is used to request a Certificate of Appropriateness (COA). COA permits can only be granted by the Kingstree Architectural Review Board. These requests require that the board conduct a public hearing and make specific findings with respect to a proposal. Because a public hearing is required, applicants should anticipate a review period of not less than thirty (30) days. The Zoning Administrator will notify you once a hearing date for your request has been set by the board.

Type or print all answers on this application. Required exhibits will vary by the type of construction activity proposed. Listed below are the minimum exhibits which are needed for the review of your application:

New Construction or Addition

- Full site plan and floor plan with dimensions showing location of any existing structures and proposed improvements.
- Architectural elevation drawing of each façade with measurements and specifications clearly showing the exterior appearance of the project, such as siding materials and dimensions, window style and dimensions, roof pitch, etc.
- Samples of materials or manufacturer's illustrations of materials being used, such as masonry, siding, shingles, etc.
- Photographs of the existing site or similar projects (optional).
- A completed Plan Review (PR) application form.

New Sign or Sign Modification

- Architectural elevation drawing denoting the height, size, and location of the sign.
- Samples of materials, color schemes, and surface finishes.
- Photographs of similar sign types (optional).
- A completed Sign Permit (S) application form.

Building Relocation

- Photograph of the structure on the current site.
- Reason for the request to move the building.
- Dimensioned site plan to scale showing the proposed building on the new site.

Painting, Stucco, Repointing

- Color photographs of all areas involved.
- Samples of colors and/or materials to be used.

Demolition of Structure(s)

- A written description of the structure giving the reason for demolition and the proposed reuse of the site.
- Photographs of the existing structure.

Major Exterior Alteration or Repair

- Same as new construction or addition; however the architectural elevation drawing is only required for affected facades.

Other

- For all other project types, please consult with the Zoning Administrator prior to submitting your application.

As the above listing constitutes the minimum requirements, applicants are encouraged to consult with the Zoning Administrator. Any additional information or supplemental exhibits you believe the board should consider as part of your request may be attached to this application form. A nonrefundable fee of \$15, payable to the Town of Kingstree, must be submitted along with the completed application.



Block A: Applicant Information

A1	Property Owner(s):	Last Name		First Name	Middle Initial
		Business or corporate name (if applicable):			
A2	Primary person or agent to be contacted concerning this application:	Last Name		First Name	Middle Initial
A3	Primary contact or agent information:	Mailing address			
		Telephone number			
		Fax number			
		Email address			
A4	Is there any other person that we may contact if we have questions? If yes, please include contact information:				

Block B: Property Information

B1	Property address and tax map number:	
B2	Name of existing business occupant (if applicable):	
B3	Describe the existing property (building size, use, condition, etc):	



Block C: Proposed Improvement

C1	Type of request:	<input type="checkbox"/> Demolition <input type="checkbox"/> New Construction <input type="checkbox"/> Alteration <input type="checkbox"/> Sign <input type="checkbox"/> Repair <input type="checkbox"/> Other
C2	Project architect:	Name: Firm: Mailing address: Telephone number:
C3	Project contractor:	Name: Firm: Mailing address: Telephone number:
C4	Detailed description of proposed activity (attach additional sheet if needed):	
C5	Are there any special factors or conditions that the board should consider in the review of your request? If yes, please describe:	



Block D: Certification of Names and Addresses of Adjoining Property Owners

The applicant is required to furnish a listing of all adjoining property owners to the subject property. Adjoining property includes properties which share a common boundary or touch your property and properties immediately across the street. A listing of adjoining property owners can be obtained from the Williamsburg County Tax Assessor's Office.

Adjoining Property Owner (Print Name)	Tax Map Number	Mailing Address
1.		
2.		
3.		
4.		
5.		
6.		
7.		



Block E: Certification of Property Owner and Authorized Agent

I hereby certify that I am the owner of the property subject to this application or have received the owner's written authorization to act as his/her agent regarding this matter. I certify that the information I have provided herein is true and correct to the best of my knowledge. I agree to comply with all applicable town ordinances and state laws related to my development. I understand that the review of this request may require entry onto my property. I give my consent to the zoning administrator or designated representative(s) of the town to enter land(s) and improvement(s) covered by this application to verify the accuracy of the information provided herein and to certify my compliance or noncompliance with applicable codes. I understand and agree that falsifying any information herein may result in the nullification of this request and/or other appropriate legal remedies.

Owner's Name (Print)	Owner's Signature	Date
1.		
2.		
Authorized Agent (Print Name)	Agent's Signature	Date
1.		
2.		

Note: The property owner(s), and when applicable, the authorized agent(s) must sign the application form. Agents must attach a signed statement from the property owner(s) authorizing them to make representations and take other actions related to this application.



FOR INTERNAL USE ONLY

DATE COMPLETE APPLICATION SUBMITTED:		Zoning Administrator Notes
APPLICATION/ CASE NUMBER:		
Submission Checklist	Initial & Date	
Complete Application		
Required Exhibits		
\$15.00 Fee		
Processing Checklist	Initial & Date	
Meeting Scheduled		
Notice of Meeting Sent to Applicant/Parties of Interest		
Adjoining Property Owner Letters Mailed		
Letters to Departments		
Staff Report & Meeting Packet Mailed		
Meeting Room/Bulletin Board Notice		
Approval & Certifications	Initial & Date	
Certificate was APPROVED, DENIED, APPROVED WITH CONDITIONS (circle applicable)		
Order Signed by Chairman		
Letter of ARB Decision Mailed to Applicant/Parties of Interest		