



CITY OF HARTSVILLE

**RETAIL FACILITIES REVITALIZATION ACT
APPLICATION FOR ELIGIBILITY AND CREDIT
AGAINST REAL PROPERTY TAXES**

1. PROPERTY INFORMATION

Building Site Address _____

City _____, South Carolina (ZIP) _____

TMS# _____

Has at least 80% of the building/structure been closed continuously to business or otherwise non-operational for income producing purposes for a period of at least one (1) year immediately preceding the date on which this Application was submitted? Yes _____ No _____

**This calculation is based on the total amount of square footage as certified by the Darlington County Tax Assessor.*

***The building/structure may have been used as a wholesale facility immediately prior to rehabilitation provided it has not served such purpose for more than one year.*

When was the building/structure abandoned? _____

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 A letter from the City of Hartsville's Business Licensing Department indicating when the last business license was revoked is preferred.*

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

**The site must have been used as a shopping center, mall, or a free-standing retail sales facility with such retail uses occupying at least 40,000 square feet of the facility (unless such amount is reduced pursuant to S.C. Code § 6-34-40(F)).*

***The building/structure may have been used as a wholesale facility immediately prior to rehabilitation provided it has not served such purpose for more than one year.*

What is the current square footage of the building/structure? _____

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? _____

2. PROJECT INFORMATION

Estimated project start date _____

Estimated project completion date _____

**Applicants must file an election to receive property tax credits with the South Carolina Department of Revenue prior to placing the building/structure in service.*

Estimated rehabilitation costs \$ _____

**Eligible expenses do not include cost of acquiring the site or cost of personal property at the site.*

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.

FOR CITY USE ONLY

DEPARTMENT SUBJECT TO REQUEST: _____ RECEIVED BY: _____

REQUEST ASSIGNED TO: _____ DATE OF COMPLETION: _____

DATE OF ASSIGNMENT: _____ DATE RESPONSE DUE: _____

