



BOARD OF ARCHITECTURAL REVIEW

APPLICATION / CERTIFICATE OF APPROPRIATENESS

CITY OF CHARLESTON

2 George Street Charleston, South Carolina 29401

843-724-3781

DEPARTMENT OF PLANNING AND PRESERVATION

Fax : 843-724-3772

www.charleston-sc.gov/BAR

Property Address:		TMS No.:
Review request:	For: <input type="checkbox"/> Opt In (for HMDP only) <input type="checkbox"/> Conceptual <input type="checkbox"/> Preliminary <input type="checkbox"/> Final	Meeting date requested: <input type="checkbox"/> New Construction <input type="checkbox"/> Alterations / Additions <input type="checkbox"/> Repairs or repaint with no changes <input type="checkbox"/> Demolition <input type="checkbox"/> Appeal Decision of Preservation Staff

Property Owner:	Daytime phone:
Applicant:	Daytime phone:
Applicant's e-mail address:	
Applicant's relationship: <input type="checkbox"/> Owner <input type="checkbox"/> Design Professional <input type="checkbox"/> Contractor <input type="checkbox"/> Real Estate Agent/Broker <input type="checkbox"/> Other _____	
Project Valuation:	Description or Scope of Work:

Submittal Requirements: Found here www.charleston-sc.gov/BAR. This document must supplement all Board level packages with appropriate boxes checked and signed.

Zoning / TRC approval required prior to making application for review.

INCOMPLETE APPLICATIONS OR UNPAID INVOICES WILL NOT BE INCLUDED ON A BOARD AGENDA.

I hereby acknowledge by my signature below that this application and submittal is complete and accurate and that I am the owner of the subject property or an authorized representative. I authorize the subject property to be posted and inspected, and the application to be heard by the Board of Architectural Review of the City of Charleston on the date specified.

Applicant's signature: _____ **Date:** _____

Print name legibly:

Date: _____

For Office Use Only Below this Point

<input type="checkbox"/> Approval	<input type="checkbox"/> Denial	<input type="checkbox"/> Deferral	<input type="checkbox"/> Approval with the following conditions:
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
<input type="checkbox"/> Staff's Signature:			Date:
Arch. Rating:	Const. Date:	<input type="checkbox"/> Old and Historic Dist. <input type="checkbox"/> Old City Dist. <input type="checkbox"/> Landmark Dist. <input type="checkbox"/> North of Line St.	
Fee amount:	Permit/Plan Number:		Staff person:

1. An appeal of a Board decision stays all further action on applications.
2. This approval does not constitute approval by other City boards or departments. Prior to construction, all plans and specifications must be reviewed and approved by the Building Inspections Division and a building permit must be obtained and posted on the property.
3. This approval expires two years from approval date.
4. Form revised 11.13.2025