



BILL PROKOP
City Manager

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CITY OF BEAUFORT
COMMUNITY & ECONOMIC DEVELOPMENT DEPARTMENT
1911 BOUNDARY STREET
BEAUFORT, SOUTH CAROLINA 29902
(843) 525-7011
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THE BAILEY BILL PROGRAM

A SPECIAL PROPERTY TAX INCENTIVE FOR REHABILITATING HISTORIC BUILDINGS

The City of Beaufort, in conjunction with Beaufort County, adopted the Bailey Bill as an avenue to encourage sensitive rehabilitation of historic buildings. If a property owner invests a minimum of 75% of their building's assessed value back into the building, and the work is *eligible and approved*, then the assessed value of the property is "frozen" at the pre-rehabilitation value for the next 10 years.

QUALIFYING STRUCTURES & PROJECTS:

Properties must meet at least one of the following criteria:

1. Be located in the Historic District **and** be at least 50 years old; or
2. Be listed on the 1997 Beaufort County Above Ground Historic Sites Survey.

Work proposed will be reviewed in accordance with "Expenditures for Rehabilitation" as defined by SC 12-120.D: "Expenditures for rehabilitation" means the actual costs of rehabilitation relating to one or more of the following:

- Improvements located on or within the historic building as designated;
- Improvements outside of but directly attached to the historic building which are necessary to make the building fully useable (such as vertical circulation) but shall not include new construction of rentable/habitable floor space;
- Architectural and engineering services attributable to the design of the improvements; or
- Costs necessary to maintain the historic character or integrity of the building.

APPLICATION PROCESS:

1. Potential applicants must attend the Pre-Application Conference. These meetings meet each Tuesday at 2pm and an application must be submitted a week in advance.
2. Applicant must fill out an **Historic Review Board (HRB) Project Application**, as well as a **Part A - Bailey Bill Preliminary Review Application**. The project will be presented for review at the next regularly scheduled HRB meeting. There is a Bailey Bill application fee of \$150 for single family residences and duplexes, and \$300 for all other structures. The typical HRB fee will not be charged in addition to the Bailey Bill application fee for the first meeting. If additional meetings are required prior to HRB approval, the applicant will be required to pay the typical HRB application fee for subsequent meetings. The owner is responsible for contacting the Beaufort County

Assessor's Office and understanding the value of the property prior to submitting these applications.

3. If a project is approved, the owner must sign a **Memorandum of Understanding** which states they understand that the work must comply with preservation standards and that staff has a right to monitor the progress of the project on a regular basis. Staff notifies the County tax assessor that the property has qualified for the Bailey Bill and that the current assessed value of the property should remain the same for 10 years.
4. When the project is completed, the applicant files a **Part B - Bailey Bill Final Review Application** with city staff. Staff reviews the project and rehabilitation costs before signing off on the final project.
5. Any changes to the project, both prior to, and after receiving a Final Approval, must be submitted in writing via a **Part A – Amendment Form**. These changes must be approved by staff or the HRB.
6. If the property is sold within the 10 year period, the balance of the tax freeze period transfers to the new owner.

RESPONSIBILITIES:

1. Applicants are responsible for obtaining the property's assessed value prior to submitting an application.
2. The applicant will adhere to preservation standards for rehabilitation and will retain as much original material as possible, or replace with the same materials when necessary, per staff or HRB approval.
3. Staff will offer guidance and expertise for the project and will assist the owner through the approval process.
4. After project completion, the owner, or subsequent owners, may not make any additional changes to the exterior of the building without approval from staff or the HRB.

EXAMPLE:

You have a home assessed at \$75,000. Your plans for improvement include a new roof, removing the asbestos siding and replacing it with lap siding, rehabilitating the original windows and bringing the electrical and plumbing up to code. This will cost approximately \$60,000, so you have met, and exceeded, the 75% reinvestment threshold, and the work planned is eligible. Though millage rates are subject to change over time, the property's value will continue to be assessed at the pre-rehabilitation rate for the next 10 years.

ADDITIONAL RESOURCES:

All of the Bailey Bill forms, along with additional maps and a list of potentially eligible structures can be found on our website: <http://www.cityofbeaufort.org/bailey-bill.aspx>

Please contact the City of Beaufort at 843-525-7011 with any questions regarding the Bailey Bill or the approval process.

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CITY OF BEAUFORT REHABILITATED HISTORIC PROPERTY / BAILEY BILL APPLICATION
PART A – PRELIMINARY REVIEW FORM

PLANNING DEPARTMENT USE ONLY: Application #: _____ Date Received: _____ Date Responded: _____	
_____ Certificate of Appropriateness Received #HR_____	_____ Project Approved
_____ Project Approved with Conditions (see attached sheet)	_____ Project Denied (see attached sheet)
_____	_____
Authorized Signature _____	Date _____

This application is used by the City to review rehabilitation work on historic properties, in accordance with South Carolina 1976 Code Sections 12-120 through 12-125, and pertinent regulations. A separate application should be submitted for each historic building, unless they were functionally-related during the historic period, in which case they can be submitted as a historic complex. Applications must include attachments as listed below and the required review fee to be considered complete. *Fee: \$150 for single family residences or duplexes; \$300 for all other properties.*

1. PROPERTY INFORMATION

Historic Name of Property (if known) _____ Parcel Id. Number: _____
 Street Address: _____ Use: ___ Owner-occupied, or ___ Income-producing
 Estimated project start date _____ Estimated project completion date _____
 Fair market value (FMV) of building \$ _____ Estimated project costs \$ _____
 How was FMV determined? SC Licensed appraisal within 45 days Bona fide sales contract within 12 months County Assessor
 Has an application for any other tax incentives been filed for this property? ___ Yes ___ No
 If Yes, please describe _____

2. HISTORIC DESIGNATION

The property must have been designated "historic" by the local government allowing this incentive.
This building is a:
 ___ Contributing structure in the Historic District
 ___ Non-contributing structure, but over 50 years old, and in the Historic District
 ___ Structure located outside of the Historic District, but listed on the Beaufort County 1997 Historic Survey
Significance:
 Construction Date: _____ Is this property individually listed on the National Register? ___ Yes ___ No
 Describe previous major alterations or additions (give dates): _____

3. ATTACHMENTS

The following information is needed to process your application. Please send complete information with the initial submission:

- ___ An original signed and completed Part A application;
- ___ An original signed and completed Historic Review Board Project Application;
- ___ Payment of \$150, for single family residences or duplexes; \$300 for all other properties – checks should be made out to the City of Beaufort
- ___ Documentation of FMV determination
- ___ An overall project narrative along with an itemized list describing the precise scope of work; and
- ___ All HRB Submission Requirements (found on the Checklist, pages 8-10) including but not limited to:
 - ___ Location map showing where the building is located;
 - ___ Photographs clearly showing not only the areas to be rehabilitated, but also overall views of the building;
 - ___ Site plan, architectural floor plans and elevations of pre-rehabilitation conditions;
 - ___ Site plan, architectural floor plans and elevations of the proposed work.

4. OWNER INFORMATION

Name _____	Signature _____	Date _____
Mailing Address _____	City _____	State _____ Zip _____
Email Address _____	Primary Phone Number _____	

CITY OF BEAUFORT REHABILITATED HISTORIC PROPERTY / BAILEY BILL APPLICATION
PART A – PRELIMINARY REVIEW FORM

5. DESCRIPTION OF PROPOSED WORK

In addition to a separate narrative and itemized project list, use the spaces below to describe the proposed work in detail. Architectural elements would include items such as: roof; exterior brick or siding; porches; exterior elevations; windows; doors; site/landscape features; entrance hall; main stair; parlors; fireplaces/mantles; floors/walls/ceilings; mechanical/ electrical/plumbing; etc. If an application has been submitted for any state or federal preservation Tax Credits, you may use a copy of the description of the proposed work from the state or federal forms for this section, but your submittal must still include the information in sections 1 through 4.

(Please feel free to make copies of this sheet. Use as many spaces as necessary to fully describe your project.)

Architectural element: _____ Approximate age: ___ original ___ added; if added ___ date ___ Interior ___ Exterior; Location: N S E W Describe feature and its condition: Photograph No. _____ Drawing No. _____	Describe work and impact on feature
Architectural element: _____ Approximate age: ___ original ___ added; if added ___ date ___ Interior ___ Exterior; Location: N S E W Describe feature and its condition: Photograph No. _____ Drawing No. _____	Describe work and impact on feature
Architectural element: _____ Approximate age: ___ original ___ added; if added ___ date ___ Interior ___ Exterior; Location: N S E W Describe feature and its condition: Photograph No. _____ Drawing No. _____	Describe work and impact on feature
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CITY OF BEAUFORT REHABILITATED HISTORIC PROPERTY / BAILEY BILL APPLICATION
PART A – AMENDMENT FORM

Use this form to propose changes in project work.

PROPERTY INFORMATION:

Street Address: _____ Use: Owner-occupied, or Income-producing

Property Identification Number: _____

Fair market value of building \$ _____ Change in estimated project costs \$ _____

Describe Changes in the project work (attach additional sheets if needed):

OWNER INFORMATION

Name _____

Mailing Address _____

Email Address _____

Signature _____ Date _____

City _____ State _____ Zip _____

Daytime Telephone: _____

The work as described in this amendment appears to meet the Standards for Rehabilitation and would receive final approval if completed as described.

The work as described in this amendment would meet the Standards for Rehabilitation if the Special Conditions on the attached sheet are met.

This work as described in this amendment does not appear to meet the Standards for Rehabilitation and is not approved for this property. The attached sheet describes the specific problems with the proposed work.

Administrator

Authorized Signature

Date

See attached sheets

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CITY OF BEAUFORT REHABILITATED HISTORIC PROPERTY / BAILEY BILL APPLICATION
PART B – FINAL REVIEW FORM

PLANNING DEPARTMENT USE ONLY: Application #: _____	Date Received: _____ Date Responded: _____
_____ Preliminary Approval Date	_____ Final Approval Granted*
_____ Final Approved Granted with Conditions (see attached sheet)	_____ Final Approval Not Granted (see attached sheet)
_____	_____
Authorized Signature	Date

Use this form to request Final Approval for Rehabilitated Historic Properties. This form is designed to follow the Part A – Preliminary Review Form, in which the owner describes the proposed rehabilitation work.

1. PROPERTY INFORMATION

Historic Name of Property (if known) _____ Parcel Id. Number: _____
Street Address: _____ Use: ___ Owner-occupied, or ___ Income-producing
Project completion date: _____ Final Project Cost \$ _____

2. ATTACHMENTS

The following information is needed to process your application. Incomplete applications will unnecessarily delay the city’s review of your project. Please send complete information with the initial submission:

- _____ An original signed and completed Part B application;
- _____ Paid itemized invoices clearly indicating qualified rehabilitation expenses;
- _____ Photographs keyed to the rehabilitation plans of the exterior and interior, showing both the areas where rehabilitation was performed, as well as overall views of the completed project.

3. OWNER INFORMATION

Name _____	Signature _____	Date _____
Mailing Address _____	City _____	State _____ Zip _____
Email Address _____	Primary Phone Number _____	

*Please note that a final approval does not guarantee the special property tax assessment for the remainder of the 10 year period. The City reserves the right to inspect the property within the 10 year time period that is covered by this special tax assessment. Work that is not as it was represented in the application and/or additional work that has been done without approval, may cause the City to rescind the approval. Work causing the approval to be rescinded would make the entire project ineligible for the special tax assessment and written notice of the rescinded approval shall be provided to all appropriate local officials. Additional work on the property that is proposed after the Final Approval should be submitted on a Part A-Amendment form.



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BAILEY BILL APPLICANT MEMORANDUM OF UNDERSTANDING

Street Address

The applicant must read and initial each of the following statements:

_____ I understand that my project has received preliminary approval from the Historic District Review Board (HRB) based on the submittal received by them on _____
(Month/Day/Year).

_____ I understand that ANY changes or additional work to the building which were not part of the original approved submission will need review and approval by either city staff or the HRB. This is applied for using the Part A – Amendment form.

_____ I understand that any changes to the structure, either before, during or after final certification (during the 10 year tax freeze period) which have not been expressly approved by either city staff or the HRB may disqualify my project from receiving further tax abatement.

_____ I understand that city staff will need to review the project regularly and I or my representative will meet with them on-site as necessary.

_____ I understand that I or my representative will notify the City of Beaufort Department of Planning and Development Services in writing if the property is sold within the 10 year tax freeze period. Failure to do so may disqualify the property from receiving the remainder of the tax abatement. Upon sale of the property, a letter stating the date of sale, and the name(s) of the new owner(s), shall be sent to the Planning Department.

Printed Name of Property Owner(s)

Signature(s)

Date



Auditor for Beaufort County
 100 Ribaut Road, Beaufort, SC 29902
auditor@bcgov.net, (843) 255-2500

**APPLICATION TO THE BEAUFORT COUNTY AUDITOR
 FOR SPECIAL PROPERTY TAX ASSESSMENT
 FOR THE CITY OF BEAUFORT**

A Beaufort County property owner, who is eligible to apply for the Bailey Bill special tax assessment for the rehabilitated historic properties in the municipal boundaries of The City of Beaufort, must make application to the Beaufort County Auditor for the special assessment as provided by state law.

1. Provide the Auditor with the following:
 - a. This completed application by the owner with documentation detailing the extent of the proposed project that would qualify for the special property tax assessment.
 - b. Completed City of Beaufort Bailey Bill application with HRB endorsements listing certified amount(s) for the land and building(s) in granting the special property tax assessment and supporting documentation.
 - c. Complete the expenditure requirements based on one of the three listed below. **Check one-**
 ___ HBR certified FMV from an SC licensed appraiser (with supporting documentation), or
 ___ Bona fide sales contract within 12 months (all documents attached), or
 ___ Assessor's most recent appraised value
 - d. List the values from source identified in "c" above:
 - I. Building(s) Amount \$ _____
 - II. Land Amount \$ _____
 - III. Total Amount \$ _____ as of _____ date
 - e. Legal Owner's Name: _____
 - f. Legal Address: _____
 - g. Mailing Address: _____
 - h. Phone No.: _____ Email Address: _____
 - i. Parcel ID Number: _____
 - j. Date Preliminary Certification was granted by HRB: _____
 - k. Completion/ Review date **two years from** Preliminary Certification approval is: _____
 - l. Signature of legal owner and date:

Signature _____ Date _____

Incomplete or inaccurate applications will be returned with no action taken to the mailing address listed above.

Auditor approval: _____ Date: _____ per state law 4-9-195.