



TOWN OF SPRINGDALE DESIGN REVIEW BOARD

2915 Platt Springs Road • Springdale, SC 29170
Office (803) 794-0408 • Fax (803) 791-0567

Certificate of Appropriateness Application

Date Filed: _____ TMS #: _____ Zoning District: _____

Instructions

Section 2.8 of the Springdale Zoning Ordinance, requires submission and approval of a Certificate of Appropriateness application by the Design Review Board *before* any exterior portion of any building or structure (including walls, fences, light fixtures, colors, steps, parking lots, etc.), utility, or sign, shall be erected, altered or improved. If the application is on behalf of the property owner(s), all owner(s) must sign the Designation of Agent located at the bottom of the form. Upon completion, please return the application to Town Hall, 2915 Platt Springs Rd, Springdale, SC 29170.

APPLICANT(S) Name [PRINT]: _____

Mailing Address: _____

Telephone: _____ Email: _____

Subject Property Physical Address: _____

WORK PROPOSAL. Please describe the proposed project/improvement.

REQUIRED MATERIALS. Please provide the following documents as it relates to your work proposal:

<input type="checkbox"/> Plat, drawing, and/or picture of the project site	<input type="checkbox"/> Drawings of proposed improvements
<input type="checkbox"/> Samples/swatches of project colors	<input type="checkbox"/> Description of construction materials
<input type="checkbox"/> Architectural, landscaping, or lighting plans	<input type="checkbox"/> Additional supporting documents

Designation of Agent [complete only if owner is not the applicant]: I (we) hereby appoint the person named as applicant as my (our) agent to represent me (us) in this request. _____

Property Owner Signature

Applicant Signature

I/we agree to conform to all applicable town ordinances, zoning regulations, and the laws of the State of South Carolina regulating such work and to the specifications and plans submitted. I/we hereby guarantee that the above information is accurate and correct to the best of my/our knowledge.

Applicant* (PRINT) Applicant Signature Date

OFFICIAL USE ONLY

Board Decision: ___Approved ___Conditional ___Disapproved **Hearing Date:** _____

Explanation: _____

Zoning Official Initial/Date _____