



BUILDING AND ZONING DEPARTMENT
Historic Preservation Commission
DESIGN REVIEW APPLICATION FORM

126 East Public Square ~ Laurens, SC 29360 ~ (864) 984-3933

Please TYPE or PRINT legibly

NOTE: A SEPARATE APPLICATION FORM IS REQUIRED FOR EACH INDIVIDUAL PROPOSAL

NAME OF PROJECT: _____

STREET ADDRESS: _____

BUSINESS NAME: _____ LICENSE # _____

ARCHITECTURAL REVIEW BOARD: CITY OF LAURENS HISTORIC PRESERVATION COMMISSION

OVERLAY DISTRICT: COURTHOUSE SQUARE HISTORIC DISTRICT

MAP NUMBER: _____ #PARCEL(S): _____

TOTAL SQUARE FEET OF GROSS FLOOR AREA OF BUSINESS: _____

TYPE OF DESIGN PROPOSAL (PLEASE CHECK ONLY ONE BOX):

- Facade (Paint, Repair, etc.) Alteration
New Development Demolition

APPLICATION REQUIREMENTS FOR ALL DESIGN PROPOSALS:

- Fully completed and signed application form
Accurate written description of proposed scope of work
Accurate colored rendering of proposed modifications, all dimensions drawn to scale with exterior elevations (8.5 x 11 format)
A site plan (1" = 30' min. preferably) showing location of property in relation to neighboring properties, parking and property lines. Landscaping must be shown or an indication that none will be provided.
Specifications or other information describing proposed materials, textures and colors, including material samples and/or color samples.
Plan or site layout showing all structures, walls, walks, terraces, plantings, accessory structures, signs, lights, and other elements.
Photographs of the site location showing all contiguous properties and streetscapes.

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ON THIS APPLICATION AND ALL ADDITIONAL DOCUMENTATION IS TRUE, FACTUAL AND COMPLETE. I HEREBY AGREE TO ABIDE BY ALL CONDITIONS OF ANY APPROVALS GRANTED BY THE CITY OF LAURENS. I UNDERSTAND THAT SUCH CONDITIONS SHALL APPLY TO THE SUBJECT PROPERTY ONLY AND ARE A RIGHT OR OBLIGATION TRANSFERABLE BY SALE.

SIGNATURE _____ DATE _____

FOR OFFICIAL USE ONLY

DATE RECEIVED: _____ TIME: _____
ACCEPTED BY: _____ TRACKING NUMBER: _____