If necessary, use this form to propose **changes** to the project scope after it has been approved. Submit this completed and signed form to Planning Department, PO Box 147, 1136 Washington Street, Columbia, SC 29217 or email the assigned preservation planner assisting with the project.

1. Property Informat	ion	
Name of Property (as submitted on Part	A Form)	
Address (street, city, zip)		
2. Project Description	on	
Describe any changes to the scope of	work since the initial application was submitted	
3. Owner Informatio	on	
Print Name	Signature	Date
Address	Phone	
	Email	Email
	<b>†</b>	
PLANNING DEPARTMENT USE	ONLY	
The work as described in this amend completed as described.	lment appears to meet the Standards for Rehabilitati	on and would receive final approval if
The work as described in this amend sheet are met.	lment would meet the Standards for Rehabilitation if	the Special Conditions on the attached
	dment does not appear to meet the Standards for Re ses the specific problems with the proposed work.	habilitation and is not approved for this
Secretary to the D/DRC	Authorized Signature	Date