

REQUEST FOR ALTERATION/REPAIR TO PROPERTY
UNDER EASEMENT OR COVENANT TO
HISTORIC CHARLESTON FOUNDATION

1. Name of Property: _____
2. Address of property under easement or covenant: _____

3. Owner/Applicant: _____
Business/mailling address: _____
Telephone: (home) _____
E-mail: _____
4. Description of requested change(s): _____

5. Reason for request: _____
6. Name and contact information for architect/contractor or designer:

Name: _____
Address: _____
City, State, Zip: _____
Telephone: _____
E-mail: _____
7. Signature of applicant _____
8. Date: _____

Return to Easement Manager, Historic Charleston Foundation, 40 East Bay Street, Charleston, SC 29401 (fax) 577-2067. Questions? Call 843-805-6731

Action Taken/conditions:

Historic Charleston Foundation
Date: _____
Signature: _____
Manager of Easements and Technical Outreach