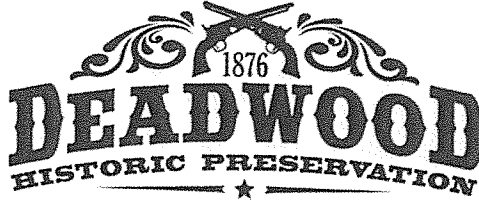


1st



For Office Use Only:

☐ Owner Occupied
☐ Non-owner Occupied
Assessed Value of Property _____
Verified Lawrence County Dept. of Equalization
Date: ___/___/___ Initials: _____

Application for Historic Preservation Programs Residential Properties

Please read the attached Policy Guidelines, Administrative Procedures and provide the requested information

1. Address of Property:

227 Williams Street

Please attach the legal description of the property.

2. Applicant's name & mailing address:

Michael Johnson
307 Ross Ave
Gillette WY 82716

Telephone: (605) 431 - 6260

E-mail: mikejconstruction@hotmail.com

3. Owner of property-(if different from applicant):

Telephone: (____) ____ - ____

E-mail: _____

4. Historic Preservation Programs applying for

- ☒ Foundation Program
☒ Siding Program
☒ Wood Windows and Doors Program

☐ Elderly Resident Program

What year were you born: _____

- ☒ Vacant Homes Program (must be vacant for 2 years)
☒ Revolving Loan Program
☒ Retaining Wall Program

5. Contractor

Telephone: (____) ____ - ____

E-mail: _____

All Contractors and Sub-Contractors are required to be licensed in the City of Deadwood.

When the application and Project Approval are approved it is recommended the owner and contractor enter into a contract and provide a copy to the Historic Preservation Office.

6. As per Historic Preservation guidelines, any work being performed on the exterior of a structure must go before the Historic Preservation Commission for approval. Programs may be amended to reflect the availability of funding and the completion of high priority projects. Along with this application please complete and submit a City of Deadwood Application for Project Approval and attach to this document. All documentation must arrive by 5:00 p.m. on the 1st and 3rd Wednesdays of every month to be considered at the next Historic Preservation Commission Meeting.

7. The scope of work is a brief description of what will be done to the structure. Please fill out the form listed below describing your plans. Additional Information may be attached including any quotes from contractors.

Residential Scope of Work		
Program	Estimated Cost	Description of Work
Foundation	\$35,000	Excavate around foundation, water proof, install drain tile, pour proper footings & foundation walls & tie in to stone wall
Siding	\$18,000	Tear off old stucco, re-tuck paint stone where needed, install new siding & stucco
Wood Windows & Doors.	\$28,988.	Replace all windows and doors, All windows & doors are beyond repair.
Elderly Resident		
Vacant Home	\$10,000	Build stairs to come off retaining wall, septic system & plumbing, re-do wiring, level floors & flooring
Revolving Loan	\$25,000	Kitchen cabinets, flooring, furnace, HVAC, roofing materials and framing
Retaining Wall		

8. Wood Windows and Doors Program worksheet. To help determine the amount to be allocated please fill out the worksheet below to determine how many windows and doors there are on each side of the structure and clarify if they will be repaired or replaced.

Grant total will not exceed \$20,000	Repair/Replace Existing Window(s) \$800 each	Repair/Replace Wood Storm/Screen Window(s) \$350 each	Repair/Replace Existing Primary Door \$600	Repair/Replace additional Wood Door(s) Up to \$300 each	Repair/Replace Wood Storm Door(s) \$600 each
Front View	4		1	1	
Right Side View	4				
Left Side View	4				
Rear View				1	
Total Windows/Doors	12		1	2	
Office Use Only					
TOTAL FUNDS ALLOWED					

9. Acknowledgement

I certify all information contained in this application and all information furnished in support of this application is given for the purpose of obtaining financial assistance in the form of a grant or a loan is true and complete to the best of my knowledge and belief. I acknowledge I have read and understand the policy guidelines for the loan or grant programs included with and for this application and agree to all of the terms and conditions contained in the policy guidelines. I agree any contractors which I hire for this project will hold contractors licenses with the City of Deadwood and will require they also agree to and abide by the terms and conditions of the policy guidelines.

I acknowledge the Deadwood Historic Preservation Commission is merely granting or loaning funds in connection with the work or project and neither the Historic Preservation Commission nor the City of Deadwood is or will be responsible for satisfactory performance of the work or payment for the same beyond the grant or loan approval by the Historic Preservation Commission. I acknowledge I am solely responsible for selecting any contractors hired in connection with the project and in requiring satisfactory performance by such contractor. I agree to indemnify and hold harmless the Deadwood Historic Preservation Commission and the City of Deadwood against losses, costs, damages, expenses and liabilities of any nature directly or indirectly resulting from or arising out of or relating to the Deadwood Historic Preservation Commission's acceptance, consideration, approval, or disapproval of this application and the issuance or non-issuance of a grant or loan. By signing this document it affirms I have read, understand and agree to this acknowledgement.

Applicant's signature: Michael A. Johnson

Date submitted: 7 / 19 / 21

Owner's signature: Michael A. Johnson

Date submitted: 7 / 19 / 21