

OFFICE OF  
**PLANNING, ZONING AND  
 HISTORIC PRESERVATION**  
 108 Sherman Street  
 Telephone (605) 578-2082  
 Fax (605) 578-2084



FOR OFFICE USE ONLY	
Case No.	<u>230032</u>
<input type="checkbox"/> Project Approval	
<input checked="" type="checkbox"/> Certificate of Appropriateness	
Date Received	<u>1/1</u>
Date of Hearing	<u>5/12/23</u>

## City of Deadwood Application for Project Approval OR Certificate of Appropriateness

The Deadwood Historic Preservation Commission reviews all applications. Approval is issued for proposed work in keeping with City of Deadwood Ordinances & Guidelines, South Dakota State Administrative Rules and the Secretary of the Interior's Standards for Rehabilitation.

This application must be typed or printed in ink and submitted to:

City of Deadwood  
 Deadwood Historic Preservation Office  
 108 Sherman Street  
 Deadwood, SD 57732

FOR INFORMATION REGARDING THIS FORM, CALL 605-578-2082

### PROPERTY INFORMATION

Property Address: 753 MAIN STREET DEADWOOD SOUTH DAKOTA

Historic Name of Property (if known): QUEST BUILDING

### APPLICANT INFORMATION

Applicant is:  owner  contractor  architect  consultant  other \_\_\_\_\_

Owner's Name: NORTHERNHILLS ALLIANCE  
 Address: 753 MAIN ST.  
 City: DEADWOOD State: SD Zip: 57754  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Architect's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Contractor's Name: BRIDGER JAMES LARSON  
 Address: \_\_\_\_\_  
 City: LEAD State: SD Zip: 57754  
 Telephone: 605.722.6688 Fax: \_\_\_\_\_  
 E-mail: LARSON.BRIDGER@OUTLOOK.COM

Agent's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

### TYPE OF IMPROVEMENT

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> Alteration (change to exterior) | <input type="checkbox"/> New Building      | <input type="checkbox"/> Addition               | <input type="checkbox"/> Accessory Structure          |
| <input type="checkbox"/> New Construction                           | <input type="checkbox"/> Re-Roofing        | <input checked="" type="checkbox"/> Wood Repair | <input checked="" type="checkbox"/> Exterior Painting |
| <input checked="" type="checkbox"/> General Maintenance             | <input checked="" type="checkbox"/> Siding | <input checked="" type="checkbox"/> Windows     | <input type="checkbox"/> Porch/Deck                   |
| <input checked="" type="checkbox"/> Other _____                     | <input type="checkbox"/> Awning            | <input checked="" type="checkbox"/> Sign        | <input type="checkbox"/> Fencing                      |

**ACTIVITY: (CHECK AS APPLICABLE)**

Project Start Date: MAY 2023      Project Completion Date (anticipated): \_\_\_\_\_

**ALTERATION**       Front       Side(s)       Rear

**ADDITION**       Front       Side(s)       Rear

**NEW CONSTRUCTION**       Residential       Other \_\_\_\_\_

**ROOF**       New       Re-roofing       Material  
 Front       Side(s)       Rear       Alteration to roof

**GARAGE**       New       Rehabilitation  
 Front       Side(s)       Rear

**FENCE/GATE**       New       Replacement  
 Front       Side(s)       Rear  
Material \_\_\_\_\_ Style/type \_\_\_\_\_ Dimensions \_\_\_\_\_

**WINDOWS**       **STORM WINDOWS**       **DOORS**       **STORM DOORS**  
 Restoration       Replacement       New  
 Front       Side(s)       Rear  
Material WOOD      Style/type \_\_\_\_\_

**PORCH/DECK**       Restoration       Replacement       New  
 Front       Side(s)       Rear  
Note: Please provide detailed plans/drawings

**SIGN/AWNING**       New       Restoration       Replacement  
Material \_\_\_\_\_ Style/type \_\_\_\_\_ Dimensions \_\_\_\_\_

**OTHER** – Describe in detail below or use attachments

**DESCRIPTION OF ACTIVITY**

Describe in detail, the above activity (use attachments if necessary including type of materials to be used) and submit as applicable. Descriptive materials such as photos and drawings are necessary to illustrate the work and to help the commissioners and staff evaluate the proposed changes. Information should be supplied for each element of the proposed work along with general drawings and/or photographs as appropriate.

Failure to supply adequate documentation could result in delays in processing and denial of the request. Describe in detail below (add pages as necessary).

See Attached

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## Bonny Anfinson

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**From:** Northern Hills Alliance for Children <director@nhfirststep.com>  
**Sent:** Tuesday, May 2, 2023 10:06 AM  
**To:** Bonny Anfinson  
**Subject:** First Step Childcare center

Hi Bonny!

I apologize I didn't get you this yesterday! Here is the restoration that Bridger will be doing on the building to start.

1. Lead test-measures will be decided after results come back
2. Scrape peeling paint
3. Repair Stucco/masonry work
4. Prep and paint surface

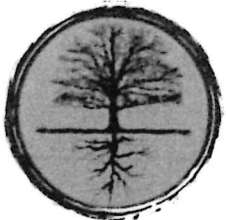
Thanks!

Kaylee Linn-Wellford, Director

**Northern Hills Alliance for Children  
First Step Childcare Center & Preschool  
753 Main Street, Deadwood SD 57732  
605-559-2007**

[www.nhfirststep.com](http://www.nhfirststep.com)





**VISIONARY  
LANDSCAPING**

# Visionary Landscaping

Bridger J. Larson  
Business Number 605.722.6688  
612 Ridge Road Lead  
South Dakota 57754  
6057226688  
Larson.bridger@outlook.com

ESTIMATE  
EST0152

DATE  
03/28/2023

TOTAL  
USD \$15,975.00

TO

Northern Hills Childrens Alliance

753 Main St

DESCRIPTION	RATE	QTY	AMOUNT
Exterior Painting 15000	\$15,000.00	1	\$15,000.00
Restoration Phase Sealant Of Masonsary Tuck Point of Historical Brick Repair of Stucco  Sq ft. 12503 Acres 0.28692 Plat - 1-188 Parlel 30600-00200-170-00	\$0.00	1	\$0.00
Materials T&M			
Grant Options Facade Grant Paint Grant Siding Grant	\$0.00	1	\$0.00
SUBTOTAL			\$15,000.00
TAX (6.5%)			\$975.00
TOTAL			USD \$15,975.00

\*Subject to Adjust



Site Location



Front of building Current



Garage door 1



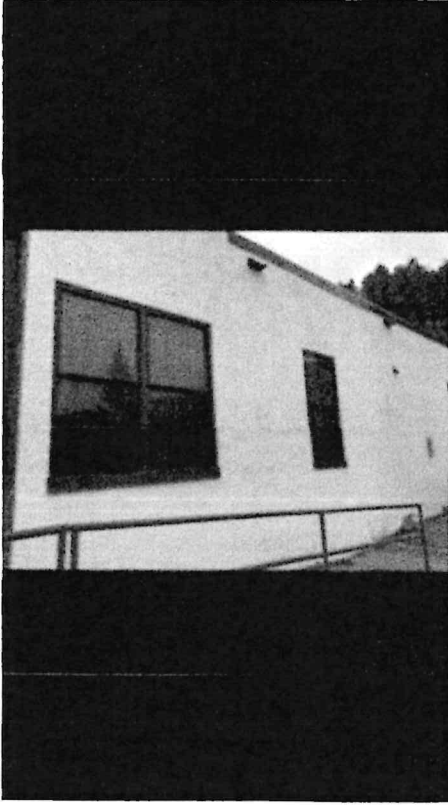
Restoration of stucco  
Test area 1



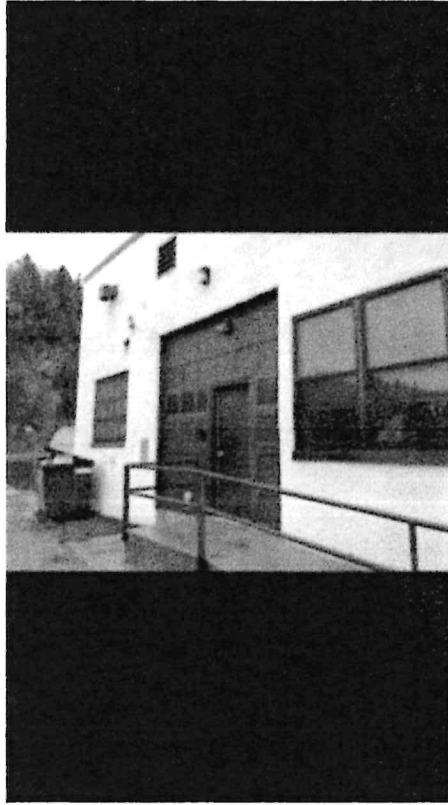
Front of Building



Brick  
Restoration of brick. Masonry caulked  
(GREY)



**Restoration of stucco**  
Area needs to be cleaned and masonry calked (GREY)



**Exterior door**  
Needs to be caulked and restored.





Parking lot Design



Repair of brick face



Back  
Stucco is peeling in areas and needs to be removed. Caulking and sealing masonry.

(GREY)



Parking lot design



Area where brick needs restoration