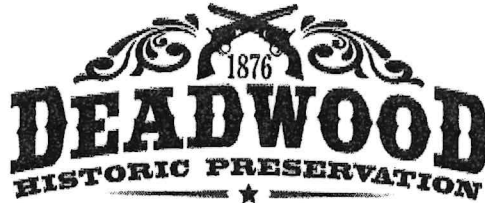


OFFICE OF  
 PLANNING, ZONING AND  
 HISTORIC PRESERVATION  
 108 Sherman Street  
 Telephone (605) 578-2082  
 Fax (605) 578-2084



| FOR OFFICE USE ONLY                                     |         |
|---|---------|
| Case No.  | 240034  |
| <input checked="" type="checkbox"/> Project Approval    |         |
| <input type="checkbox"/> Certificate of Appropriateness |         |
| Date Received   | 3/8/24  |
| Date of Hearing   | 3/27/24 |

## 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: 18 Dakota Street, South Dakota | DEADWOOD, SD 57732 |
| Historic Name of Property (if known):            |                    |

| APPLICANT INFORMATION                                   |   |
|---|---|
| Applicant is: <input checked="" type="checkbox"/> owner | <input type="checkbox"/> contractor <input type="checkbox"/> architect <input type="checkbox"/> consultant <input type="checkbox"/> other |

|  |  |
|--|--|
| X Owner's Name: <u>TOM HUNNIERKACH</u><br>Address: <u>21315 ENGLEWOOD RD.</u><br>City: <u>LEAD</u> State: <u>SD</u> Zip: <u>57754</u><br>Telephone: <u>584-1958</u> Fax: _____<br>E-mail: <u>tomcats@gmail.com</u> | Architect's Name: _____<br>Address: _____<br>City: _____ State: _____ Zip: _____<br>Telephone: _____ Fax: _____<br>E-mail: _____ |
|--|--|

|   |  |
|---|--|
| Contractor's Name: _____<br>Address: _____<br>City: _____ State: _____ Zip: _____<br>Telephone: _____ Fax: _____<br>E-mail: _____ | Agent's Name: _____<br>Address: _____<br>City: _____ State: _____ Zip: _____<br>Telephone: _____ Fax: _____<br>E-mail: _____ |
|---|--|

| TYPE OF IMPROVEMENT   |                                       |                                      |  |
|---|---------------------------------------|--------------------------------------|--|
| <input 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 type="checkbox"/> Wood Repair | <input type="checkbox"/> Exterior Painting   |
| <input type="checkbox"/> General Maintenance                | <input type="checkbox"/> Siding       | <input type="checkbox"/> Windows     | <input type="checkbox"/> Porch/Deck          |
| <input checked="" type="checkbox"/> Other <u>DEMOLITION</u> | <input type="checkbox"/> Awning       | <input type="checkbox"/> Sign        | <input type="checkbox"/> Fencing             |

**ACTIVITY:** (CHECK AS APPLICABLE)

Project Start Date: SPRING - SUMMER 24 Project Completion Date (anticipated): SPRING - SUMMER 24

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 \_\_\_\_\_ 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).

\* COMPLETE DEMOLITION AND REMOVAL OF SMALL, PARTIALLY COLLAPSED STRUCTURE AT 10 DAKOTA ST. (LOTS 8 AND 9 - HIGHLAND PARK ADDITION) REMOVED MATERIALS TO INCLUDE WOOD, ASPHALT/METAL ROOFING MATERIALS, GLASS WINDOW REMNANTS, MISX. DEBRIS AND FOUNDATION STONE/CEMENT DOWN TO GROUND LEVEL.

**SIGNATURES**

I **HEREBY CERTIFY** I understand this application will not be accepted and processed until all the requested information has been supplied. I realize drawings and measurements must be exact and if errors result in a violation of the Commission's approval, then appropriate changes will have to be made. I also understand this application may require a site visit / additional research by staff and a PUBLIC HEARING by the DEADWOOD HISTORIC PRESERVATION COMMISSION.

I understand this application is for a Certificate of Appropriateness or Project Approval only and that a building permit is required for any uses associated with this location prior to any constructions, alterations, etc. All statements are true to the best of my knowledge and belief.

I understand approval is issued for proposed work in keeping with City of Deadwood Ordinances, South Dakota State Administrative Rules and the Secretary of the Interior's Standards for Rehabilitation and copies are available for my review.

|   |   |
|---|---|
| <p>X <u>Tom Huhnerkoch</u> 03/06/24 *<br/>                 _____<br/>                 SIGNATURE OF OWNER(S)                      DATE</p> | <p>_____<br/>                 SIGNATURE OF AGENT(S)                      DATE</p> |
| <p>_____<br/>                 SIGNATURE OF OWNER(S)                      DATE</p>   | <p>_____<br/>                 SIGNATURE OF AGENT(S)                      DATE</p> |
| <p>_____<br/>                 SIGNATURE OF OWNER(S)                      DATE</p>   | <p>_____<br/>                 SIGNATURE OF AGENT(S)                      DATE</p> |

**APPLICATION DEADLINE**

This form and all supporting documentation **MUST** arrive by 5:00 p.m. on the 1<sup>st</sup> or 3<sup>rd</sup> Wednesday of every month to be considered at the next Historic Preservation Commission Meeting. The meeting schedule and filing deadlines are on file with the Historic Preservation Office. Any information not provided to staff in advance of the meeting will not be considered by the Commission during their deliberation. Please call if you have any questions and staff will assist you.

**Please use the attached criteria checklist as a guide to completing the application.** Incomplete applications cannot be reviewed and will be returned to you for more information. All submitted materials will be retained by the Historic Preservation Office. Do not submit your only copy of any piece of documentation.

The City of Deadwood Historic Preservation Office has numerous resources available for your assistance upon request.

\* P.O.C. (POINT OF CONTACT) FOR TOM HUHNERKUCH  
 WILL BE: CHRIS HUHNERKUCH (SON)  
 11233 NEVADA GULCH RD. - LEAD, SODAK  
 (MOBILE) 605-645-2804  
 (EMAIL) chuhnerkoch@gmail.com



