OFFICE OF
PLANNING, ZONING AND
HISTORIC PRESERVATION

108 Sherman Street Telephone (605) 578-2082 Fax (605) 578-2084



FOR OFFICE USE ONLY

Case No. 250212

Project Approval

□ Certificate of Appropriateness

Date Received / 13/125

Date of Hearing 2/12/25

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

PROPER	TY INFORMATION
Property Address: 825 Main St	
Historic Name of Property (If known): Grace Lutheran	n Church Parsonage House
APPLICANT	INFORMATION
Applicant is: Owner Contractor Carchitect	consultant other
Owner's Name: Grace Lutheran	Architect's Name:
Address: 827 Main	Address:
City: Deadwood State: SD Zip: 57732	City:State:Zip:
Telephone: 605-578-2219 Fax:	Telephone: Fax:
E-mail:	E-mail:
Contractor's Name: High Plains Remodels	Agent's Name:
Address: 103 Hidden Gulch	Address:
City: Central City State: SD Zip: 57754	City: State: Zip:
Telephone: 307-871-7571 Fax:	Telephone: Fax:
E-mail: highplainsrr@gmail.com	E-mail:
	MPROVEMENT
✓Alteration (change to exterior) New Construction New Building	Addition Accessory Structure
General Maintenance Re-Roofing	Wood Repair Exterior Painting
Siding	Windows Porch/Deck
OtherAwning	Sign Fencing

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	NCTIVITY: (CHECK AS APPLICABLE)				
Project Start Date:	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 Material	New ☐ Replacement ☐ Front ☐ Side(s) ☐ Rear Style/type				
WINDOWS STOR	M WINDOWS DOORS STORM DOORS				
	Restoration Replacement New Side(s) Rear				
Material	Style/type				
□PORCH/DECK	Restoration Replacement New Front Side(s) Rear				
Note: Please provide o	letalled plans/drawings				
SIGN/AWNING	New Restoration Replacement				
Material	Style/type Dimensions				
OTHER – Describe in d	etail below or use attachments				
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).					
	of frame porch covering and replace with wood frame structure simulate to entrance				
). Colors and shingles will match house. Remove existing metal frame storm				
windows on house and replace with single hung wood framed storm windows (Marvin). Frames will be					
white. Remove existing storm door on rear entrance to house and replace.					
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Case No.		Authorise Andrea	Add to the state of the state of

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.

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SIGNATURE OF OWNER(S)	DATE	SIGNATURE OF AGENT(S)	DATE
SIGNATURE OF OWNER(S)	DATE	SIGNATURE OF AGENT(S)	DATE
SIGNATURE OF OWNER(S)	DATE	SIGNATURE OF AGENT(S)	DATE

APPLICATION DEADLINE

This form and all supporting documentation **MUST** arrive by 5:00 p.m. on the 1st or 3rd 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.