

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



FOR OFFICE USE ONLY	
Case No.	250185
<input checked="" type="checkbox"/> Project Approval	
<input type="checkbox"/> Certificate of Appropriateness	
Date Received	
Date of Hearing	9/24/05

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: 900 MAIN DEADWOOD S.D
Historic Name of Property (if known):

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

Owner's Address: City: Deadwood Telephone: E-mail:	Architect's Name: Address: City: State: Zip: Telephone: Fax: E-mail:
--	--

Contractor Address: City: Deadwood Telephone: E-mail:	Agent's Name: Address: City: State: Zip: Telephone: Fax: 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 checked="" type="checkbox"/> General Maintenance	<input type="checkbox"/> Siding	<input type="checkbox"/> Windows	<input type="checkbox"/> Porch/Deck
<input checked="" type="checkbox"/> Other repair garage work	<input type="checkbox"/> Awning	<input type="checkbox"/> Sign	<input type="checkbox"/> Fencing

FOR OFFICE USE ONLY

Case No. _____

ACTIVITY: (CHECK AS APPLICABLE)

Project Start Date: April 2024 Project Completion Date (anticipated): Oct 2026

☐ 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).

Repair rear garage wall that is leaning in by
digging out back fill and pushing back and
bracing on inside of garage with I Beam + bracing
before back filling ~~it~~

FOR OFFICE USE ONLY

Case No. _____

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.

[REDACTED]

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.

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



FOR OFFICE USE ONLY	
Case No.	250185
<input checked="" type="checkbox"/> Project Approval	
<input type="checkbox"/> Certificate of Appropriateness	
Date Received	9/12/12
Date of Hearing	9/12/12

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: 900 Main Street

Historic Name of Property (if known):

APPLICANT INFORMATION

Applicant Is: ☒ owner ☐ contractor ☐ architect ☐ consultant ☐ other

Owner: [Redacted]
Address: [Redacted]
City: [Redacted]
Telephone: [Redacted]
E-mail: [Redacted]

Architect: [Redacted]
Address: [Redacted]
City: [Redacted]
Telephone: [Redacted]
E-mail: [Redacted]

Contractor: [Redacted]
Address: [Redacted]
City: [Redacted]
Telephone: [Redacted]
E-mail: [Redacted]

Agent's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
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 checked="" type="checkbox"/> General Maintenance | <input type="checkbox"/> Siding | <input type="checkbox"/> Windows | <input type="checkbox"/> Porch/Deck |
| <input checked="" type="checkbox"/> Other Retaining walls | <input type="checkbox"/> Awning | <input type="checkbox"/> Sign | <input type="checkbox"/> Fencing |

ACTIVITY: (CHECK AS APPLICABLE)				
Project Start Date: <u>April 2024</u>		Project Completion Date (anticipated): <u>Oct 2024</u>		
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> Front	<input type="checkbox"/> Side(s)	<input type="checkbox"/> Rear	
<input type="checkbox"/> ADDITION	<input type="checkbox"/> Front	<input type="checkbox"/> Side(s)	<input type="checkbox"/> Rear	
<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> Residential <input type="checkbox"/> Other _____			
<input type="checkbox"/> ROOF	<input type="checkbox"/> New	<input type="checkbox"/> Re-roofing	<input type="checkbox"/> Material	
	<input type="checkbox"/> Front	<input type="checkbox"/> Side(s)	<input type="checkbox"/> Rear	<input type="checkbox"/> Alteration to roof
<input type="checkbox"/> GARAGE	<input type="checkbox"/> New	<input type="checkbox"/> Rehabilitation		
	<input type="checkbox"/> Front	<input type="checkbox"/> Side(s)	<input type="checkbox"/> Rear	
<input type="checkbox"/> FENCE/GATE	<input type="checkbox"/> New	<input type="checkbox"/> Replacement		
	<input type="checkbox"/> Front	<input type="checkbox"/> Side(s)	<input type="checkbox"/> Rear	
Material _____ Style/type _____ Dimensions _____				
<input type="checkbox"/> WINDOWS	<input type="checkbox"/> STORM WINDOWS	<input type="checkbox"/> DOORS	<input type="checkbox"/> STORM DOORS	
	<input type="checkbox"/> Restoration	<input type="checkbox"/> Replacement	<input type="checkbox"/> New	
	<input type="checkbox"/> Front	<input type="checkbox"/> Side(s)	<input type="checkbox"/> Rear	
Material _____ Style/type _____				
<input type="checkbox"/> PORCH/DECK	<input type="checkbox"/> Restoration	<input type="checkbox"/> Replacement	<input type="checkbox"/> New	
	<input type="checkbox"/> Front	<input type="checkbox"/> Side(s)	<input type="checkbox"/> Rear	
Note: Please provide detailed plans/drawings				
<input type="checkbox"/> SIGN/AWNING	<input type="checkbox"/> New	<input type="checkbox"/> Restoration <input type="checkbox"/> Replacement		
Material _____ Style/type _____ Dimensions _____				
<input checked="" type="checkbox"/> 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).

Retaining walls replacement

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.



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.

Criteria Checklist for Project Approval OR Certificate of Appropriateness

SUBMITTAL CRITERIA CHECKLIST

The documentation listed below will assist in the submission of the application. *Not all information listed below is required for each project. In order to save time and effort, please consult with the Historic Preservation Office prior to completing your application.*

ALL WORK:

- ☐ Photograph of house and existing conditions from all relevant sides.

RENOVATIONS AND ADDITIONS:

- ☐ Elevation and plan drawings to scale indicating proposed alterations or additions, clearly indicating the existing building and what is proposed and including the relationship to adjacent structures. Make sure to include door and window design if altered. Manufacturer's catalog data may be used, if applicable.
- ☐ Exterior material description.
- ☐ Site plan showing dimensions of lot and location of existing building(s) or structure(s) on lot, location of additions, dimensions of existing structure and additions. (Show use of addition and location of windows and doors if applicable.)
- ☐ Photograph of existing conditions from all elevations.
- ☐ Color samples and placement on the structure.
- ☐ Historic photographs should accompany any request to return a structure to an earlier historic appearance. (Please note our archives may be of great assistance)

MATERIAL CHANGES:

- ☐ Written description of area involved.
- ☐ Color photographs or slides of areas involved and surrounding structures if applicable.
- ☐ Sample or photo of materials involved.

PAINTING, SIDING:

- ☐ Color photographs of all areas involved and surrounding structures if applicable.
- ☐ Samples of colors and/or materials to be used.
- ☐ Dimensioned elevation and section to scale, showing design of fence, material, and height in relationship to adjacent structures.

NEW CONSTRUCTION:

- ☐ Elevation drawings to scale showing all sides and dimensions. Elevation drawings to scale showing relationship to structures immediately adjacent.
- ☐ Photograph of proposed site and adjacent buildings on adjoining properties.
- ☐ Site plan including building footprint and location of off-street parking showing setbacks. Include number of spaces, surface material, screening and all other information required under Parking Areas.
- ☐ Material list including door and window styles, colors and texture samples.
- ☐ Scale model indicating significant detail. (This may be required for major construction. Please consult Historic Preservation Commission staff.)
- ☐ Color photographs of proposed site and structures within vicinity of new building.