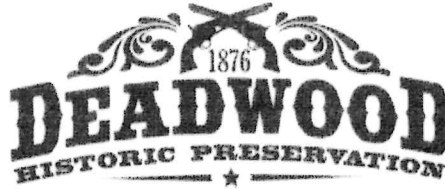


OFFICE OF
PLANNING, ZONING AND
HISTORIC PRESERVATION
108 Sherman Street
Telephone (605) 578-2082
Fax (605) 578-2084



FOR OFFICE USE ONLY

Case No. _____
☐ Project Approval
☐ Certificate of Appropriateness
Date Received ____/____/____
Date of Hearing ____/____/____

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: 37 Sherman St Deadwood SD 57732
Historic Name of Property (if known): Twin City Fruit / Branch House

APPLICANT INFORMATION

Applicant is: ☒ owner ☐ contractor ☐ architect ☐ consultant ☐ other _____



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

Contractor's Name: TBD
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
E-mail: _____

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

TYPE OF IMPROVEMENT

☐ Alteration (change to exterior)
☐ New Construction
☒ General Maintenance
☐ Other Paint Tuck & Brick repair

☐ New Building
☐ Re-Roofing
☐ Siding
☐ Awning

☐ Addition
☐ Wood Repair
☐ Windows
☐ Sign

☐ Accessory Structure
☐ Exterior Painting
☐ Porch/Deck
☐ Fencing

FOR OFFICE USE ONLY

Case No. _____

ACTIVITY: (CHECK AS APPLICABLE)Project Start Date: TBD 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 _____ 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).

Point Tuck and brick work for general
Maintenance and weather proofing.

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.

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.