

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



FOR OFFICE USE ONLY	
Case No.	170098
<input type="checkbox"/> Project Approval	
<input checked="" type="checkbox"/> Certificate of Appropriateness	
Date Received	7/19/18
Date of Hearing	7/26/18

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: <u>629 Main St Deadwood SD</u>
Historic Name of Property (if known): <u>Celebrity Hotel & Casino</u>

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

Owner's Name: <u>TODD WILCOX</u>
Address: <u>562 Williams</u>
City: <u>Deadwood</u> State: <u>SD</u> Zip: <u>57732</u>
Telephone: <u>702 570 8526</u> Fax: <u>702 666 0360</u>
E-mail: <u>TheLuckyHorseLLC@gmail.com</u>

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

Contractor's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
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 type="checkbox"/> General Maintenance	<input type="checkbox"/> Siding	<input type="checkbox"/> Windows	<input type="checkbox"/> Fencing
<input checked="" type="checkbox"/> Other <u>Temporary Lending Structure</u>	<input type="checkbox"/> Awning	<input type="checkbox"/> Sign	

ACTIVITY: (CHECK AS APPLICABLE)			
Project Start Date: <u>July 10, 2018</u>		Project Completion Date (anticipated): <u>July 12, 2018</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"/> Front	<input type="checkbox"/> Side(s)	<input type="checkbox"/> Rear
<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"/> 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"/> 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 <u>See Photos</u>			

DESCRIPTION OF ACTIVITY

Describe, as specifically as possible, 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. A request for approval of a window replacement, for example, should be accompanied by measurements of the existing window, a picture of the existing window, and a picture or catalogue sheet with manufacturer information for the new window. Similar 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.

Temporary Doug Fir Construction to vend During
July & AUGUST 2018.

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.