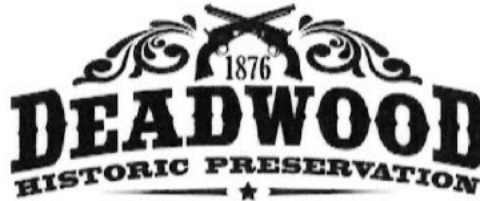


OFFICE OF
**PLANNING, ZONING AND
 HISTORIC PRESERVATION**
 108 Sherman Street
 Telephone (605) 578-2082
 Fax (605) 578-2084



FOR OFFICE USE ONLY	
Case No.	262066
<input checked="" type="checkbox"/> Project Approval	
<input type="checkbox"/> Certificate of Appropriateness	
Date Received	4/13/26
Date of Hearing	4/22/26

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>26 Washington</u>
Historic Name of Property (if known):

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

Owner's Name: <u>Donna Wiese</u>
Address: [REDACTED]
City: [REDACTED]
Telephone: [REDACTED]
E-mail: [REDACTED]

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

Contractor's Name: <u>Erika Merchant</u>
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 type="checkbox"/> General Maintenance	<input type="checkbox"/> Siding	<input checked="" type="checkbox"/> Windows	<input type="checkbox"/> Porch/Deck
<input type="checkbox"/> Other _____	<input type="checkbox"/> Awning	<input type="checkbox"/> Sign	<input type="checkbox"/> Fencing

ACTIVITY: (CHECK AS APPLICABLE)					
Project Start Date: <u>Sept 2012</u>		Project Completion Date (anticipated): _____			
<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 checked="" type="checkbox"/> WINDOWS	<input checked="" type="checkbox"/> STORM WINDOWS	<input type="checkbox"/> DOORS	<input type="checkbox"/> STORM DOORS		
	<input checked="" type="checkbox"/> Restoration	<input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> New		
	<input checked="" type="checkbox"/> Front	<input checked="" type="checkbox"/> Side(s)	<input checked="" 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 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).

See email from Contractor

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

NAME 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.

Wekola LLC

Erica Merchant

26 Washington Windows Restoration

Date

4/10//2026

Terms

Restore/repair Window function, glass, glaze, prime

Resident wants double hung sashes prepared to a clean paintable surface, restore function, clean channels

Deadwood Historical Preservation

Home Owner:

Erica Merchant

Wekola LLC

Item	Description	Qty	Unit price	Total price
WINDOWS	Restore function (6/9), square up, strip and prime, reglaze where needed (9/9) new glass 1			
	60x25 (double hung@30x25)	5	\$600.00	\$3,000.00
	20x30	3	\$300.00	\$900.00
	50x25 (double hung@25x25)	1	\$500.00	\$1,000.00
		SUBTOTAL	\$4,900.00	\$4,900.00
Window Function Repair				
	Strip, sand, window channels, sills, and frames for restored function	6	\$200.00	\$1,200.00
	broken glass panel 24x30: re-glaze, prime, one unit of a double hung window (South Upstairs BR)	1	\$250.00	\$250.00
Materials	Glaze, points, glass, linseed oil, sandpaper, scraper blades, caulk remover, stripper, primer		\$380.00	\$380.00
Tax/Insurance/permits			\$450.00	\$450.00
		SUBTOTAL		
			SUBTOTAL ALL	\$7,180.00

Notes: Resident wants clean paintable surface on window sash, window to move freely in track.

Window channels strip extreme layers, sand/restore surface, prime new window channel

One single pane glass/glaze repair 24x30

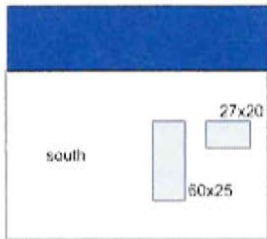
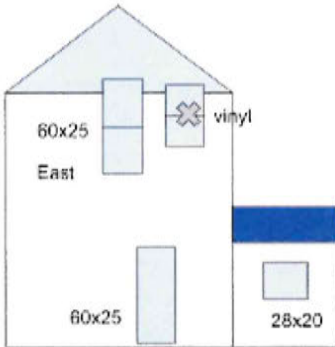
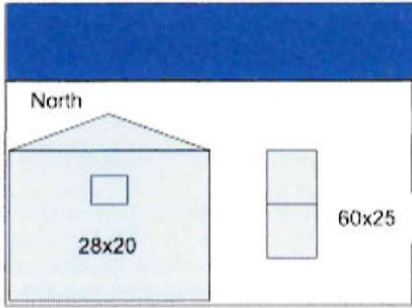
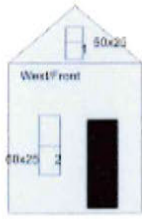
\$0.00

All windows have excelent storm windows besides the 20x 30, none present.

Combination of custom wood storms and aluminum storms on al other windows.

Photos can be sent with details for restoration and repair

\$7,180.00



Hi Bonny

Not sure if I filled this out properly. ERICA (contractor) does not think storm windows are needed.

If you have any questions you can email me!

Thank you

