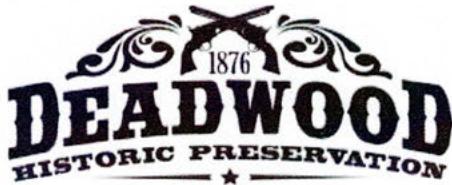


OFFICE OF
PLANNING, ZONING AND
HISTORIC PRESERVATION
108 Sherman Street
Telephone (605) 578-2082
Fax (605) 578-2084



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: *5 Charles St*

Historic Name of Property (if known):

APPLICANT INFORMATION

Applicant is: owner contractor architect consultant other _____

Architect's Name: _____

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 _____

New Building

Re-Roofing

Siding

Awning

Addition

Wood Repair

Windows

Sign

Accessory Structure

Exterior Painting

Porch/Deck

Fencing

ACTIVITY: (CHECK AS APPLICABLE)Project Start Date: Jun 2026Project Completion Date (anticipated): Feb 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) RearMaterial Wood 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).

Replace upstairs windows 2,3,4,5

Replace main floor window #6, add storm, repair #11 and add storm. Remaining main floor add Wood framed storm windows. Window numbers available on print.

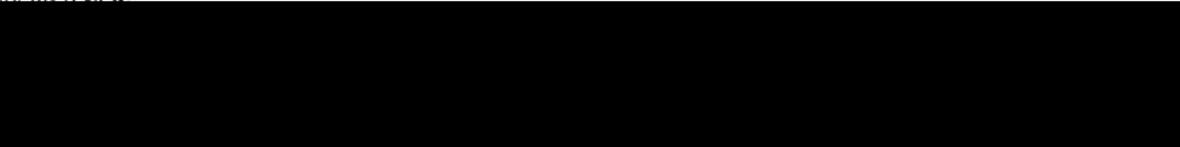
Repair trim as needed on exterior

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 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.

