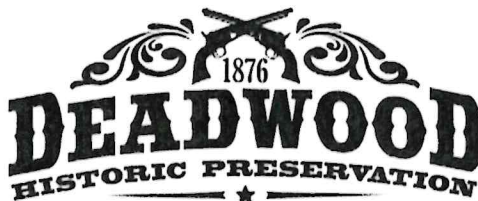


OFFICE OF  
PLANNING, ZONING AND  
HISTORIC PRESERVATION  
108 Sherman Street  
Telephone (605) 578-2082  
Fax (605) 578-2084



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: 9 WABASH

Historic Name of Property (if known):

### APPLICANT INFORMATION

Applicant is: ☒ owner ☐ contractor ☐ architect ☐ consultant ☐ other \_\_\_\_\_

Owner's Name: R. LEFLOUREAU

Address: 210 N MAIN ST #102

City: SPARKS

State: SD

Zip: 57783

Telephone: 605 920 5425

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Architect's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contractor's Name: John Halp

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: 605 970-8639

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 DOORS

☐ New Building

☐ Re-Roofing

☐ Siding

☐ Awning

☐ Addition

☐ Wood Repair

☐ Windows

☐ Sign

☐ Accessory Structure

☐ Exterior Painting

☒ Porch/Deck

☐ Fencing

*upon Approval* **ACTIVITY:** (CHECK AS APPLICABLE)

Project Start Date: *2/25* 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).

① Replace FRONT & BACK DOORS

② CONSTRUCT WALL WAY FROM BACK DOOR to DRIVEWAY FURTHER wheel chair ACCESSIBLE

## 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

3-10-25

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 1<sup>st</sup> or 3<sup>rd</sup> 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.



