OFFICE OF
PLANNING, ZONING AND
HISTORIC PRESERVATION
108 Sherman Street

108 Sherman Street Telephone (605) 578-2082 Fax (605) 578-2084



FOR OFFICE	USE	ONLY
Case No.		
☐ Project Approva	ıl	
☐ Certificate of A	nnronr	iateness
- Certificate of A	pprop.	icitelless
Date Received _	/_	/

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	5 THIS FORM, CALL 605-578-2082
PROPERT	Y INFORMATION
Property Address: 677 Main Street	
Historic Name of Property (if known): Phoenix Block (Th	ne Midnight Star)
APPLICANT II	NFORMATION
Applicant is: vownercontractorarchitectcon	nsultant other
Owner's Name: Midnight Star, LLC	Architect's Name:
Address: 677 Main Street	Address:
City: Deadwood State: SD Zip: 57732	City: State: Zip:
Telephone: 605-578-1555 Fax:	Telephone: Fax:
E-mail: marketing@themidnightstar.com	E-mail:
Contractor's Name:	Agent's Name:
Address:	Address:
City:State:Zip:	City: State: Zip:
Telephone: Fax:	Telephone: Fax:
E-mail:	E-mail:
TYPE OF IM	PROVEMENT
	Addition Accessory Structure Wood Repair Exterior Painting Windows Porch/Deck Sign Fencing

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Case No.			

		ACTIVITY: (CHECK AS APPLICABLE)
Project Start Date: not det	ermined	Project Completion Date (anticipated):
ALTERATION	Front	☐Side(s) ☐Rear
ADDITION	Front	Side(s) Rear
NEW CONSTRUCTION	Residenti	al Other
ROOF	☐New ☐Front	□ Re-roofing □ Material □ Side(s) □ Rear □ Alteration to roof
□GARAGE	☐New ☐Front	Rehabilitation Side(s) Rear
FENCE/GATE Material	☐ New ☐ Front	Replacement Side(s) Rear Style/type Dimensions
		DOORS STORM DOORS
	Restorati	<u> </u>
Material		Style/type
□PORCH/DECK	Restorati	Side(s) Rear
Note: Please provide		
SIGN/AWNING		Restoration Replacement Style/type Dimensions
OTHER – Describe in d		
V OTTER - Describe in a	ictali below of	use decaeminents
		DESCRIPTION OF ACTIVITY
applicable. Descriptive mat commissioners and staff ev	erials such as provaluate the pro	attachments if necessary including type of materials to be used) and submit as photos and drawings are necessary to illustrate the work and to help the posed changes. Information should be supplied for each element of the proposed photographs as appropriate.
Failure to supply adequate below (add pages as necess		on could result in delays in processing and denial of the request. Describe in detail
We would like to remo	ove the shut	ters on the top floor windows of the Midnight Star as they are falling apa
When we have looked	d back at ph	otos, the original did not have them. We have not determined a
contractor nor a date	that they wo	ould be removed.

FOR OFFICE	E USE ONLY
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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 DATE	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.

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.

prior to	completing your application.
ALL WO	PRK:
	Photograph of house and existing conditions from all relevant sides.
RENOV	ATIONS 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)
MATER	IAL CHANGES:
	Written description of area involved.
	Color photographs or slides of areas involved and surrounding structures if applicable.
	Sample or photo of materials involved.
PAINTII	NG, 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 C	ONSTRUCTION:
	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