OFFICE OF
PLANNING, ZONING AND
HISTORIC PRESERVATION
108 Sherman Street

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



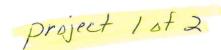
FOR OFFICE USE ONLY
Case No. 22.0047
Project Approval
Certificate of Appropriateness
Date Received 4/7/22
Date of Hearing 4/13/22

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

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Property Address: 651 1/2 Main S	t. Deadus	sd, SD 57732								
Historic Name of Property (if known):										
APPLICANT I	NFORMATION									
Applicant is: Owner Contractor Consultant Co										
Owner's Name: <u>Caral Cape</u> Address: <u>3008</u> E. Aspen Blud. #116										
City: Brandon State: SD Zip: 57005		State: Zip:								
Telephone <u>US 940 - 330</u> /Fax:	Telephone:	Fax:								
E-mail:	E-mail:									
Contractor's Name: TBD	Agent's Name: 1/2	eni Exempel (daughter)								
Address:	Address: <u>28064</u>	472 nd Ave.								
City:State:Zip:	City: Celsothing	9 State: <u>SD</u> Zip: <u>57077</u>								
Telephone: Fax:	Telephone: <u>605 360 -3608</u> Fax:									
E-mail:	E-mail:									
TYPE OF IMPROVEMENT										
☐ General Maintenance ☐ Re-Roofing ☐ Siding	☐ Addition ☐ Wood Repair ☐ Windows	☐ Accessory Structure ☐ Exterior Painting								
Other <u>fire repair</u> Awning	☐ Sign	☐ Fencing								

se No.

ro	4			TY: (CHECK AS APPLICABLE)
	ject Start Date: 751		Project Com	npletion Date (anticipated):
	ALTERATION	☐ Front	☐ Side(s)	☐ Rear
	ADDITION	☐ Front	☐ Side(s)	□ Rear
	NEW CONSTRUCTION	☐ Residenti	al 🗆 Other	
	ROOF	□ New	☐ Re-roofing	ng
		☐ Front	☐ Side(s)	□ Rear
	GARAGE	☐ New	☐ Rehabilita	tation
		☐ Front	☐ Side(s)	☐ Rear
	FENCE/GATE	☐ New	☐ Replacem	ment
		☐ Front	☐ Side(s)	□ Rear
	Material		tyle/type	Dimensions
	WINDOWS STORM			☐ STORM DOORS
		☐ Restoration	on	☐ Replacement ☐ New
		☐ Front	☐ Side(s)	☐ Rear
	Material	S	tyle/type	
	SIGN/AWNING	□ New		ion 🗆 Replacement
	Material	S	tyle/type	Dimensions
X	OTHER - Describe in de	etail below or	use attachment	nts
			DESCRIP	PTION OF ACTIVITY
subi com be a with wor	mit as applicable. Descri missioners and staff eva eccompanied by measure manufacturer informat k along with general dra	otive materials luate the properments of the ion for the new wings and/or	sove activity (us s such as photo posed changes. existing window w window. Simi photographs as	use attachments if necessary including type of materials to be used) and os and drawings are necessary to illustrate the work and to help the s. A request for approval of a window replacement, for example, should ow, a picture of the existing window, and a picture or catalogue sheet nilar information should be supplied for each element of the proposed
subr com be a with wor	mit as applicable. Descripmissioners and staff evaluccompanied by measure manufacturer informat k along with general draure to supply adequate d	otive materials luate the proper the the proper the ion for the new wings and/or locumentation	sove activity (us s such as photo cosed changes. existing window w window. Simi photographs as a could result in	use attachments if necessary including type of materials to be used) and os and drawings are necessary to illustrate the work and to help the s. A request for approval of a window replacement, for example, should ow, a picture of the existing window, and a picture or catalogue sheet nilar information should be supplied for each element of the proposed as appropriate.
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Case No.
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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)	4/5)22 DATE	SIGNATURE OF AGENT(S)	4/5/2 ₂
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.



