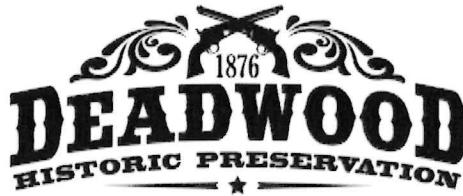


OFFICE OF  
PLANNING, ZONING AND  
HISTORIC PRESERVATION  
108 Sherman Street  
Telephone (605) 578-2082  
Fax (605) 578-2084



FOR OFFICE USE ONLY  
Case No. 230107  
 Project Approval  
 Certificate of Appropriateness  
Date Received 8/18/23  
Date of Hearing 8/23/23

## 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: 10 Sampson Street Deadwood SD 57732

Historic Name of Property (if known):

### APPLICANT INFORMATION

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

Owner's Name: Correen Dammen

Address: 10 Sampson Street

City: Deadwood State: SD Zip: 57732

Telephone: 605-920-0581 Fax: \_\_\_\_\_

E-mail: ccurrie54@hotmail.com

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Contractor's Name: DG Rentz Construction

Address: 1127 Quail Ct

City: Spearfish State: SD Zip: 57783

Telephone: 605-641-3337 Fax: \_\_\_\_\_

E-mail: peanuts2blackhills.com

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: _____		Project Completion Date (anticipated): _____			
<input type="checkbox"/> <b>ALTERATION</b>	<input type="checkbox"/> Front	<input type="checkbox"/> Side(s)	<input type="checkbox"/> Rear		
<input type="checkbox"/> <b>ADDITION</b>	<input type="checkbox"/> Front	<input type="checkbox"/> Side(s)	<input type="checkbox"/> Rear		
<input type="checkbox"/> <b>NEW CONSTRUCTION</b>	<input type="checkbox"/> Residential	<input type="checkbox"/> Other _____			
<input checked="" type="checkbox"/> <b>ROOF</b>	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Re-roofing	<input checked="" 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"/> <b>GARAGE</b>	<input type="checkbox"/> New	<input type="checkbox"/> Rehabilitation			
	<input type="checkbox"/> Front	<input type="checkbox"/> Side(s)	<input type="checkbox"/> Rear		
<input type="checkbox"/> <b>FENCE/GATE</b>	<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 type="checkbox"/> <b>WINDOWS</b>	<input type="checkbox"/> <b>STORM WINDOWS</b>	<input type="checkbox"/> <b>DOORS</b>	<input type="checkbox"/> <b>STORM DOORS</b>		
		<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	
Material _____	Style/type _____				
<input checked="" type="checkbox"/> <b>PORCH/DECK</b>	<input type="checkbox"/> Restoration	<input checked="" type="checkbox"/> Replacement	<input checked="" type="checkbox"/> New		
	<input type="checkbox"/> Front	<input type="checkbox"/> Side(s)	<input checked="" type="checkbox"/> Rear		
Note: Please provide detailed plans/drawings					
<input type="checkbox"/> <b>SIGN/AWNING</b>	<input type="checkbox"/> New	<input type="checkbox"/> Restoration	<input type="checkbox"/> Replacement		
Material _____	Style/type _____	Dimensions _____			
<input type="checkbox"/> <b>OTHER</b> – 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).

Metal Roofing to go over single layer of shingles on main roof.

Uncovered Addition to exsiting rear deck 10 X 14 2x8x10 16 on center. Please see Diagram

With repalcement of floor on covered main deck.

## 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.

Correen Dammen

8-18-2023

SIGNATURE OF OWNER(S)	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 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.

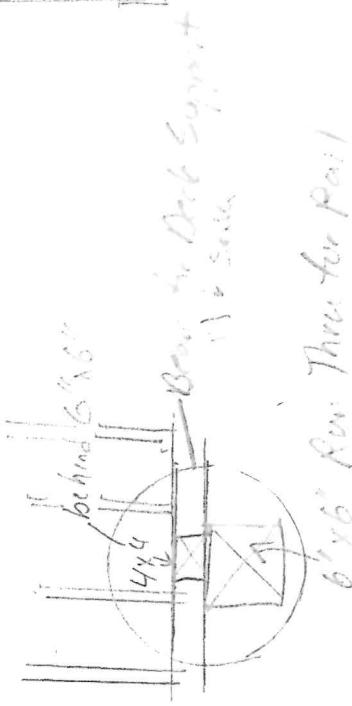
**Please use the attached criteria checklist as a guide to completing the application.** Incomplete applications cannot be reviewed and will be returned to you for more information. All submitted materials will be retained by the Historic Preservation Office. Do not submit your only copy of any piece of documentation.

The City of Deadwood Historic Preservation Office has numerous resources available for your assistance upon request.

10 x 14' 2x8 x 10'

Replacing swinging door  
with metal swinging door  
Are only 1 bay x 10'

2x8 Floor joists on 16" centers



Exterior Deck + Roof

