

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



**FOR OFFICE USE ONLY**

Case No. 230106  
☒ Project Approval  
☐ Certificate of Appropriateness  
Date Received 8/15/23  
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: 41 Denver Ave. / 43 Denver

Historic Name of Property (if known):

### APPLICANT INFORMATION

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

Owner's Name: Lane & Beth Sukowaty

Address: 37 Denver Ave.

City: Deadwood State: SD Zip: 57732

Telephone: (435) 590-9442 Fax: \_\_\_\_\_

E-mail: BethLane1521@msn.com

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

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

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

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

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

Contractor'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 Garage doors

☐ New Building

☐ Re-Roofing

☐ Siding

☐ Awning

☐ Addition

☐ Wood Repair

☐ Windows

☐ Sign

☐ Accessory Structure

☐ Exterior Painting

☐ Porch/Deck

☐ Fencing

**FOR OFFICE USE ONLY**  
Case No. \_\_\_\_\_

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

We would like to replace the garage  
doors on the building on 41 Denver.  
Current doors are beautiful but falling apart.  
We want to replace these doors with New  
Similar looking doors. New Framing of the garage  
door area will be required, but won't affect  
The outside appearance. ☺

The new door are made of Steel Front and back.  
The new doors have insulation & appropriate weather  
seals. New doors have windows across the top  
to replicate as close as possible.

**FOR OFFICE USE ONLY**

Case No. \_\_\_\_\_

**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

8/15/23

SIGNATURE OF AGENT(S)

DATE

SIGNATURE OF OWNER(S)

DATE

8-15-23

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.

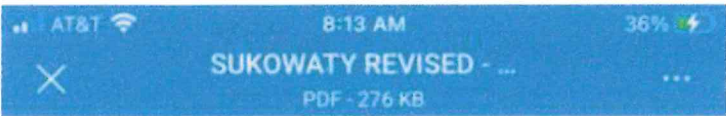


Garage

Beth Sukowaty <bsukowaty@gmail.com>

Wed 8/16/2023 9:42 AM

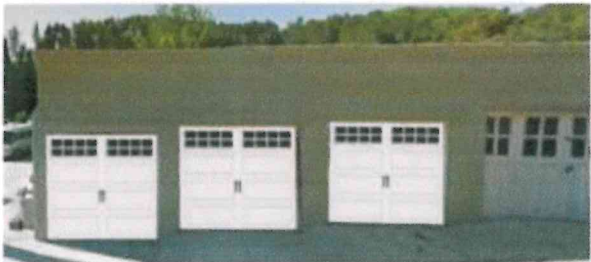
To:bethlane1521@msn.com <bethlane1521@msn.com>



NOTE: This proposal may be withdrawn by us if not accepted within 30 days.

ACCEPTANCE OF PROPOSAL: The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

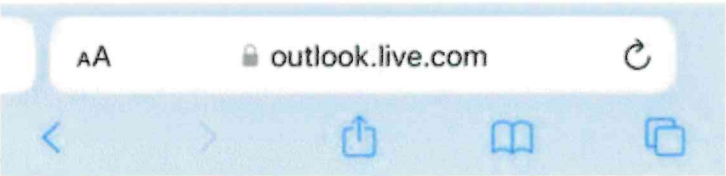
SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_



OPTION #1



OPTION #2



Sent from my iPhone