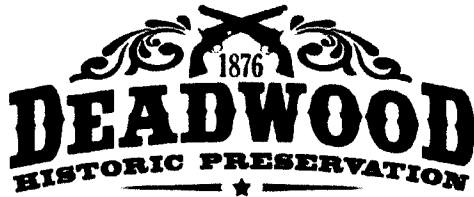


OFFICE OF
**PLANNING, ZONING AND
 HISTORIC PRESERVATION**
 108 Sherman Street
 Telephone (605) 578-2082
 Fax (605) 578-2084



FOR OFFICE USE ONLY	
Case No.	_____
<input type="checkbox"/> Project Approval	
<input type="checkbox"/> 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: <u>653 Main St</u>
Historic Name of Property (if known): _____

APPLICANT INFORMATION
Applicant is: <input checked="" type="checkbox"/> owner <input type="checkbox"/> contractor <input type="checkbox"/> architect <input type="checkbox"/> consultant <input type="checkbox"/> other _____

Owner's Name: <u>Harley Kirwan</u>
Address: <u>637 Main St.</u>
City: <u>Deadwood</u> State: <u>SD</u> Zip: <u>57732</u>
Telephone: <u>3204918118</u> Fax: _____
E-mail: <u>harley@pamspurpledoor.com</u>

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: _____

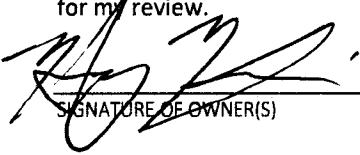
TYPE OF IMPROVEMENT			
<input type="checkbox"/> Alteration (change to exterior)	<input type="checkbox"/> New Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Accessory Structure
<input type="checkbox"/> New Construction	<input type="checkbox"/> Re-Roofing	<input type="checkbox"/> Wood Repair	<input type="checkbox"/> Exterior Painting
<input type="checkbox"/> General Maintenance	<input type="checkbox"/> Siding	<input type="checkbox"/> Windows	<input type="checkbox"/> Porch/Deck
<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Awning	<input type="checkbox"/> Sign	<input type="checkbox"/> Fencing

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) 1/5/2024
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.

ACTIVITY: (CHECK AS APPLICABLE)	
Project Start Date: <u>2/1/2024</u>	Project Completion Date (anticipated): <u>2/1/2024</u>
<input checked="" type="checkbox"/> ALTERATION	<input checked="" 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 type="checkbox"/> GARAGE	<input type="checkbox"/> New <input type="checkbox"/> Rehabilitation <input 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 checked="" type="checkbox"/> SIGN/AWNING	<input type="checkbox"/> New <input type="checkbox"/> Restoration <input type="checkbox"/> Replacement Material <u>Removal</u> 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).

I would like to remove the awning on the front of the building, it is currently broken due to the previous owner failed to roll it back in before a snow storm.
