

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



<b>FOR OFFICE USE ONLY</b>	
Case No.	<u>250172</u>
<input checked="" type="checkbox"/> Project Approval	
<input type="checkbox"/> Certificate of Appropriateness	
Date Received	<u>   </u> / <u>   </u> / <u>   </u>
Date of Hearing	<u>   </u> / <u>   </u> / <u>   </u>

## 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: 51 Highland Ave

Historic Name of Property (if known): 51 Dakota Street

### APPLICANT INFORMATION

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

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 \_\_\_\_\_

☐ New Building

☒ Re-Roofing

☐ Siding

☐ Awning

☐ Addition

☐ Wood Repair

☐ Windows

☐ Sign

☐ Accessory Structure

☐ Exterior Painting

☐ Porch/Deck

☐ Fencing

<b>ACTIVITY: (CHECK AS APPLICABLE)</b>				
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 checked="" type="checkbox"/> New	<input type="checkbox"/> Re-roofing	<input checked="" type="checkbox"/> Material	
	<input checked="" type="checkbox"/> Front	<input checked="" type="checkbox"/> Side(s)	<input checked="" 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 type="checkbox"/> <b>PORCH/DECK</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	
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				

<b>DESCRIPTION OF ACTIVITY</b>
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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).

Request to install composite shakes as new roof material to mimic original shake roof, while increasing

longevity of roof (50 year warranty).

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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

SIGNATURE OF AGENT(S) \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF AGENT(S) \_\_\_\_\_ DATE \_\_\_\_\_

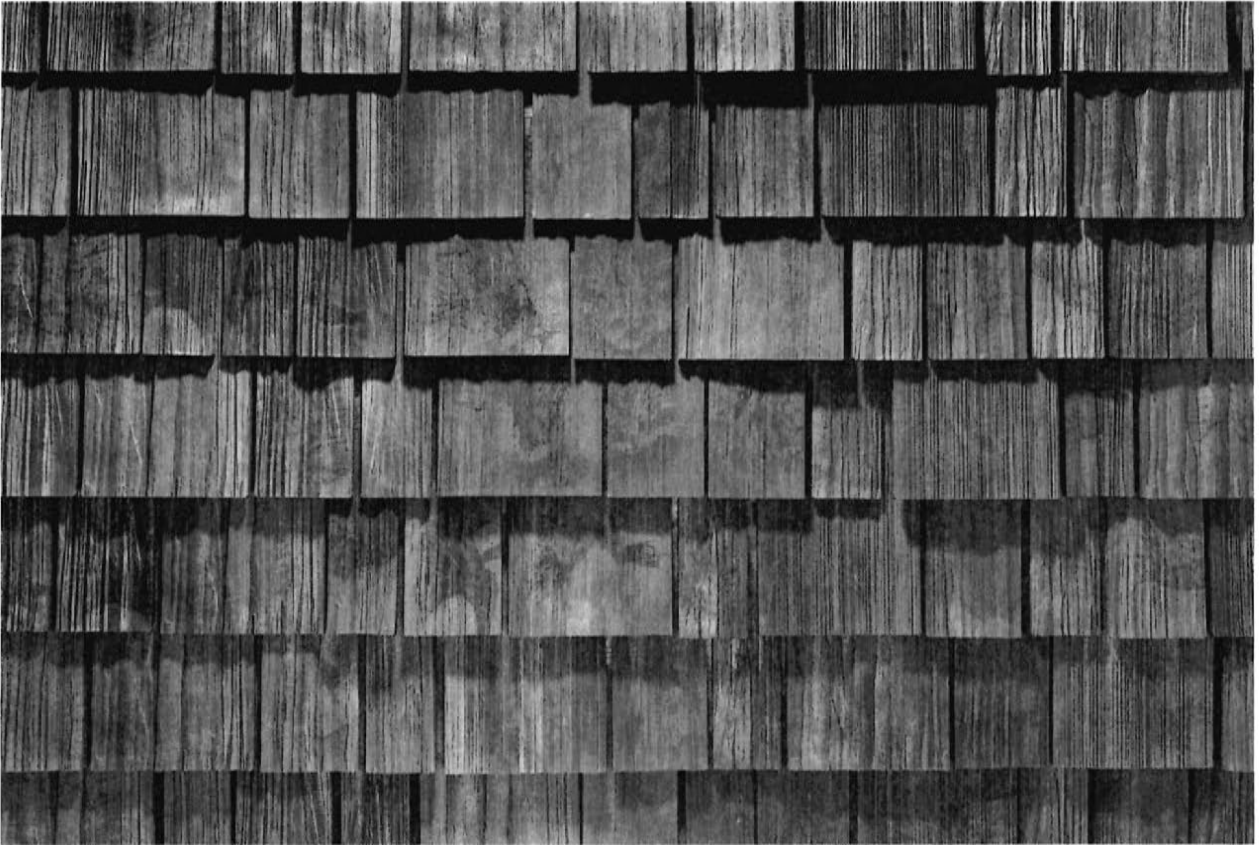
SIGNATURE OF AGENT(S) \_\_\_\_\_ DATE \_\_\_\_\_

### 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.



## Bonny Anfinson

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**From:** Robert Bailey <bncbailey@me.com>  
**Sent:** Wednesday, September 3, 2025 11:35 AM  
**To:** Bonny Anfinson  
**Cc:** Bob Bailey1  
**Subject:** 51 Highland Ave. - Project Approval Request for Mod to Roofing Materials  
**Attachments:** scan\_20250903103027.pdf

Good morning, Again!

Attached is my Application for Project Approval for Roofing Materials. Please advise if you need anything further from me. The product, Brava, is essentially the same product you have in the back corner of your office.

Thanks, bob