

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



FOR OFFICE USE ONLY	
Case No.	232053
<input checked="" type="checkbox"/> Project Approval	
<input type="checkbox"/> Certificate of Appropriateness	
Date Received	4/16/25
Date of Hearing	4/23/25

## 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

<b>PROPERTY INFORMATION</b>
Property Address: <u>12 DAKOTA ST. Deadwood, SD</u>
Historic Name of Property (If known): _____

<b>APPLICANT INFORMATION</b>
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>12</u>
Address: _____
City: <u>Wall</u> State: <u>SD</u> Zip: <u>57790</u>
Telephone: _____ Fax: _____
E-mail: <u>tic</u>

Architect's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
E-mail: _____

Contractor's Name: <u>Posley (Self)</u>
Address: <u>F</u>
City: <u>Wall</u> State: <u>SD</u> Zip: <u>57790</u>
Telephone: _____ Fax: _____
E-mail: _____

Agent's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
E-mail: _____

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

Updated October 9, 2019

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ACTIVITY: (CHECK AS APPLICABLE)			
Project Start Date: <u>April 2025</u>		Project Completion Date (anticipated): <u>March 2026</u>	
<input type="checkbox"/> ALTERATION	<input checked="" type="checkbox"/> Front	<input checked="" type="checkbox"/> Side(s)	<input type="checkbox"/> Rear
<input checked="" type="checkbox"/> ADDITION	<input type="checkbox"/> Front	<input checked="" type="checkbox"/> Side(s)	<input type="checkbox"/> Rear
<u>concrete slab siding as used now.</u>			
<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> Residential	<input type="checkbox"/> Other _____	
<input checked="" type="checkbox"/> ROOF	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Re-roofing	<input type="checkbox"/> Material
<u>Shingles</u>	<input type="checkbox"/> Front	<input type="checkbox"/> Side(s)	<input type="checkbox"/> Rear
<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 checked="" type="checkbox"/> WINDOWS	<input type="checkbox"/> STORM WINDOWS	<input checked="" type="checkbox"/> DOORS	<input type="checkbox"/> STORM DOORS
	<input type="checkbox"/> Restoration	<input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> New
	<input checked="" type="checkbox"/> Front	<input type="checkbox"/> Side(s)	<input checked="" type="checkbox"/> Rear
Material <u>Vinyl</u> Style/type <u>Single hung</u>			
<input checked="" type="checkbox"/> PORCH/DECK	<input type="checkbox"/> Restoration	<input type="checkbox"/> Replacement	<input type="checkbox"/> New
	<input type="checkbox"/> Front	<input checked="" type="checkbox"/> Side(s)	<input type="checkbox"/> Rear
Note: Please provide detailed plans/drawings <u>Concrete slab -</u>			
<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).

Replace windows and doors throughout the house.  
Re Roof the house along with siding repair + paint.  
Addition to the back west side of house, addition  
will be a master bedroom <sup>+ 1 bedroom</sup> with bathroom  
(for my elderly parents so they have a bedroom on  
main floor). patio will be concrete slab 24x24  
2nd Level will be open room.

*\* Not front porch*

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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)

SIGNATURE OF AGENT(S)

DATE

SIGNATURE OF OWNER(S)

DATE

SIGNATURE OF AGENT(S)

DATE

SIGNATURE OF OWNER(S)

DATE

SIGNATURE OF AGENT(S)

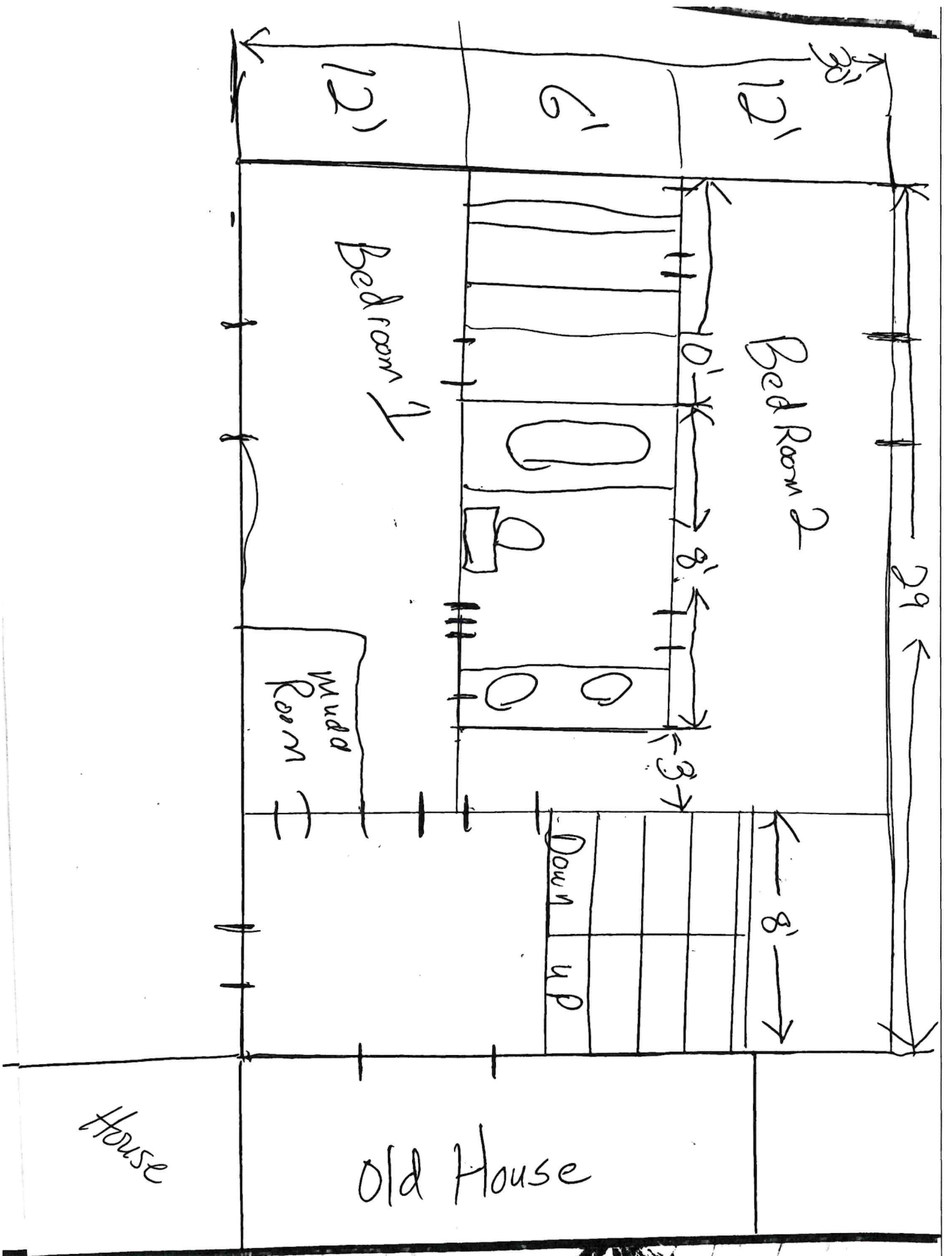
DATE

### 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.

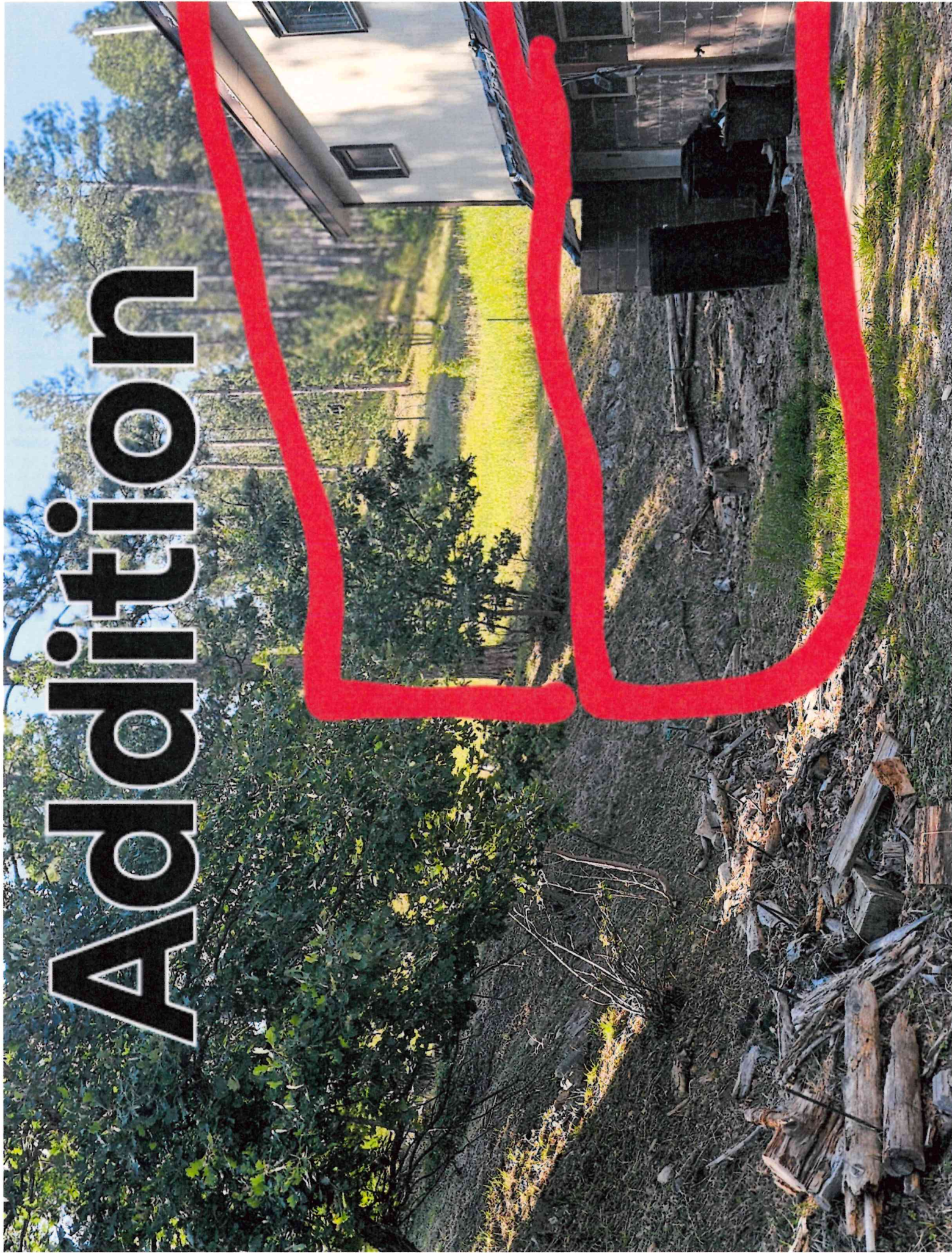
Please use the attached criteria checklist as a guide to completing the application. Incomplete applications cannot be reviewed and will be returned to you for more information. All submitted materials will be retained by the Historic Preservation Office. Do not submit your only copy of any piece of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

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





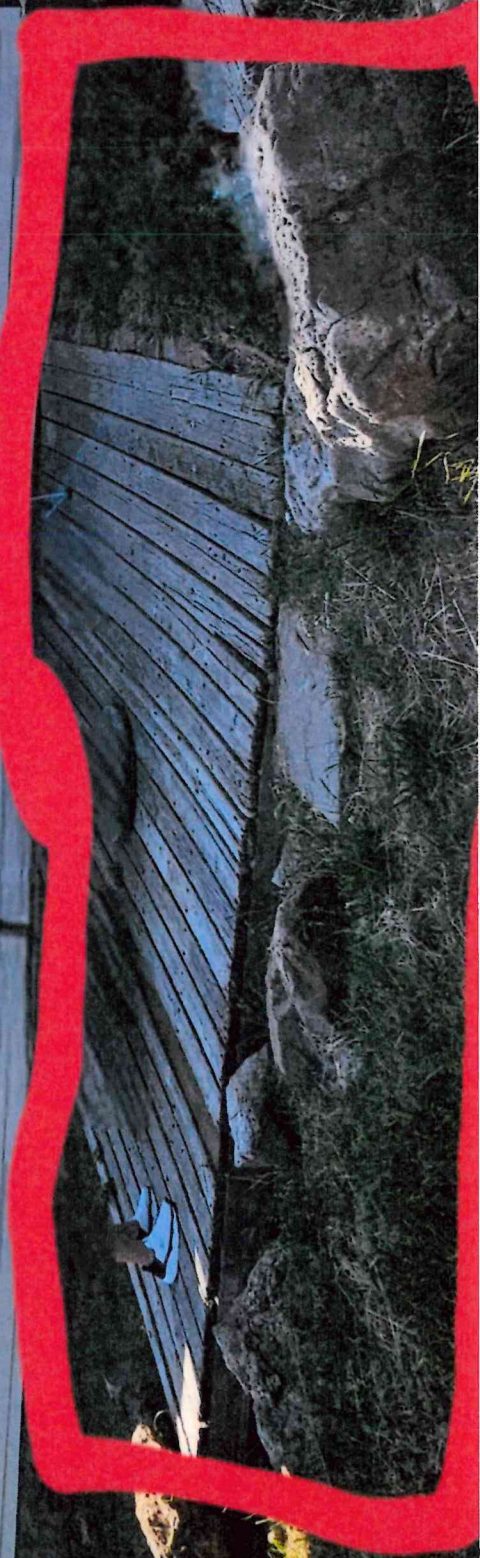
# Addition





Concrete

Porch





# Window Replacement





New Shingles

