OFFICE OF PLANNING, ZONING AND HISTORIC PRESERVATION

108 Sherman Street Telephone (605) 578-2082 Fax (605) 578-2084



FOR OFFICE USE ONLY Case No. 231065 ☐ Project Approval Certificate of Appropriateness Date Received 612012 Date of Hearing 6 128

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: 732	MAIN ST.					
Historic Name of Property (if known):						
APPLICANT INFORMATION						
Applicant is: ☑ owner ☐ contracto	Applicant is: ☑ owner ☐ contractor ☐ architect ☐ consultant ☐ other					
Owner's Name: TUEN	900	Architect's Name: _	NA			
Address: SOR CROWN ST	TLLAFUERTE	Address:				
City: State: Zip: 57754			State: Zip:			
Telephone: 605-920-93 Hax:		Telephone:	Fax:			
E-mail: / trengal 196	yhoo	E-mail:				
Kvilla fuerte 1	(a) yahoo1	om	11/4			
Contractor's Name: Squee Agent's Name: N/A			NIA			
Address:		Address:				
City: State:	Zip:	City:	State: Zip:			
Telephone: Fax:		Telephone:	Fax:			
E-mail:		E-mail:				
TYPE OF IMPROVEMENT						
☐ Alteration (change to exterior)						
	☐ New Building	☐ Addition	☐ Accessory Structure			
	☐ Re-Roofing	☐ Wood Repair	☐ Exterior Painting			
	☐ Siding	☐ Windows	□ Porch/Deck			
Other	☐ Awning	☐ Sign	Fencing			

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ACTIVITY: (CHECK AS APPLICABLE)						
Pro	ject Start Date:		Project Comp	pletion Date (anticipated):		
	ALTERATION	☐ Front	☐ Side(s)	□ Rear		
	ADDITION	☐ Front	☐ Side(s)	□ Rear		
	NEW CONSTRUCTION	☐ Residentia	Other			
	ROOF	□ New	☐ Re-roofing	g 🗆 Material		
		☐ Front	☐ Side(s)	☐ Rear ☐ Alteration to roof		
	GARAGE	□ New	☐ Rehabilita	ation		
		☐ Front	☐ Side(s)			
4	FENCE/GATE	☐ New	Replacem	nent TUBE		
		Front	☐ Side(s)	Rear Saus		
	Material	S1	tyle/type 🎢	Rear Dimensions 5 × 55 (APPROX.)		
□ WINDOWS □ STORM WINDOWS □ DOORS □			□ DOORS	☐ STORM DOORS		
		☐ Restoration		☐ Replacement ☐ New		
			☐ Side(s)			
	Material	S	tyle/type			
	PORCH/DECK	☐ Restoration	on	☐ Replacement ☐ New		
		☐ Front	☐ Side(s)	□ Rear		
<u></u>	Note: Please provide d	etailed plans/o	drawings			
	SIGN/AWNING					
	Material	S	tyle/type	Dimensions		
	OTHER – Describe in de	etail below or u	use attachment	ts		
	south a in date!! the at-	notivity /		TION OF ACTIVITY		
app	olicable. Descriptive mate	rials such as p	hotos and drav	necessary including type of materials to be used) and submit as wings 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).						

FOR C	FFICE	USE	ONLY
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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)	3/19/23 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

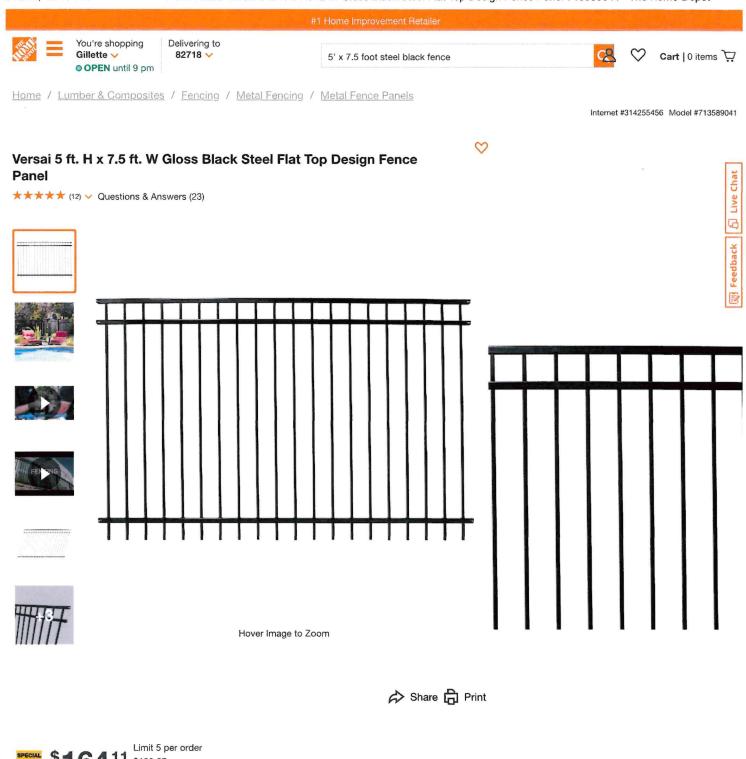
APPLICATION DEADLINE

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.

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Special Buy ends in 6days: 12hrs: 18mins
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Nominal panel height (ft.): 5 ft

4 ft 5 ft