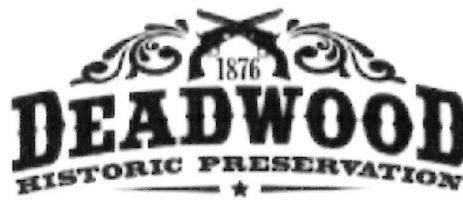


OFFICE OF  
PLANNING, ZONING AND  
HISTORIC PRESERVATION

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



FOR OFFICE USE ONLY

Case No. 220171

☐ Project Approval

☒ Certificate of Appropriateness

Date Received 10 15 22

Date of Hearing 10 26 22

## 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: 270 Main St

Historic Name of Property (if known): First Gold Hotel

### APPLICANT INFORMATION

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

Owner's Name: First Gold Hotel and Gaming

Address: 270 Main

City: Deadwood State: SD Zip: 57732

Telephone: 605-578-9777 Fax: \_\_\_\_\_

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

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

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

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

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

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

Contractor's Name: High Plains Remodel

Address: 103 Hidden Gulch

City: Central City State: SD Zip: 57754

Telephone: 307-871-7571 Fax: \_\_\_\_\_

E-mail: highplainsrr@gmail.com

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

**ACTIVITY: (CHECK AS APPLICABLE)**Project Start Date: 11-1-22Project Completion Date (anticipated): 1-1-23☒ **ALTERATION** ☐ Front ☒ Side(s) ☐ Rear☐ **ADDITION** ☐ Front ☐ Side(s) ☐ Rear☐ **NEW CONSTRUCTION** ☐ Residential ☐ Other \_\_\_\_\_☐ **ROOF** ☐ New ☐ Re-roofing ☐ Material  
☐ Front ☐ Side(s) ☐ Rear ☐ Alteration to roof☐ **GARAGE** ☐ New ☐ Rehabilitation  
☐ Front ☐ Side(s) ☐ Rear☐ **FENCE/GATE** ☐ New ☐ Replacement  
☐ Front ☐ Side(s) ☐ Rear

Material \_\_\_\_\_ Style/type \_\_\_\_\_ Dimensions \_\_\_\_\_

☐ **WINDOWS** ☐ **STORM WINDOWS** ☐ **DOORS** ☐ **STORM DOORS**  
☐ Restoration ☐ Replacement ☐ New  
☐ Front ☐ Side(s) ☐ Rear

Material \_\_\_\_\_ Style/type \_\_\_\_\_

☐ **PORCH/DECK** ☐ Restoration ☐ Replacement ☐ New  
☐ Front ☐ Side(s) ☐ Rear

Note: Please provide detailed plans/drawings

☐ **SIGN/AWNING** ☐ New ☐ Restoration ☐ Replacement

Material \_\_\_\_\_ Style/type \_\_\_\_\_ Dimensions \_\_\_\_\_

☒ **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)

Construct awning/cover over mechanical/electrical equipment on east side of existing structure. Cover is necessary to protect equipment from elements and to increase longevity. Plans and drawings have been submitted to building inspector for review.

### 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

SIGNATURE OF AGENT(S)

DATE

*M. J. [Signature]* - High Plains Remodel  
10-15-22

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.