OFFICE OF PLANNING, ZONING AND HISTORIC PRESERVATION

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



FOR OFFICE	USE	ONLY
Case No.		
☐ Project Approva	al	
Certificate of A	ppropr	iatenes
Date Received	_/_	_/_
Date of Hearing	/	1

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

	Deadw	000, 30 37732			
FOR II	NFORMATION REGARD	ING THIS FORM, CALL	605-578-2082		
PROPERTY INFORMATION					
Property Address: 850	Main Stre	et			
Historic Name of Property (if kr	own):				
	APPLICANT	INFORMATION			
Applicant is: Sowner □ contr					
Owner's Name: Ther and	Monica Gibb	Architect's Name:			
Address: 850 Main		Address:			
City: Dead word State:	Zip:	City:	State: Zip:		
Telephone: 502 767 3914	Fax:	Telephone:	Fax:		
E-mail: linesetteg	mail.com	E-mail:			
Contractor's Name: Current	y looking for	Agent's Name:			
Address: bigs from	Bonny & list	Address:			
City: State:	Zip:	City:	State: Zip:		
Telephone: Fax:		Telephone:	Fax:		
E-mail:		E-mail:			
	TYPE OF I	MPROVEMENT			
☐ Alteration (change to exterior)					
☐ New Construction	☐ New Building	☐ Addition	☐ Accessory Structure		
☐ General Maintenance	☐ Re-Roofing		☐ Exterior Painting		
4	☐ Siding	☐ Windows	☐ Porch/Deck		
Other	_	☐ Sign	☐ Fencing		

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	ACTIVITY: (CHECK AS APPLICABLE)					
Proj	ect Start Date: July	2024	Project Com	pletion Date (ant	icipated):	July 2024
0	ALTERATION	☐ Front	☐ Side(s)	□ Rear		,
0	ADDITION	☐ Front	☐ Side(s)	□ Rear		
0	NEW CONSTRUCTION	☐ Residenti	al 🗆 Other			
0	ROOF	□ New	☐ Re-roofin	g □ Material □ Rear	☐ Alteration	n to roof
0	GARAGE	□ New	☐ Rehabilita	ation Rear		
0	FENCE/GATE Material	□ New □ Front	☐ Replacem ☐ Side(s) Style/type	□ Rear	nsions	
0	WINDOWS STORM			☐ STORM DO		
	WINDOWS CISTORIA	☐ Restoration		☐ Replacemen		□ New
	Material		style/type			
0	PORCH/DECK Note: Please provide of	☐ Restoration ☐ Front letailed plans/	☐ Side(s)	☐ Replacemen	nt	□ New
0	SIGN/AWNING	□ New		on 🗆 Replacemen	nt	
	Material		Style/type	Dime	nsions	
N	OTHER – Describe in de	etail below or	use attachmen	ts ref	anira	v wall
			DESCRIP	TION OF A	CTIVITY	0
app com wor	licable. Descriptive mate missioners and staff evo- k along with general dra ure to supply adequate of the work (add pages as necess	erials such as paluate the pro wings and/or documentation ary).	attachments if photos and dra posed changes photographs a n could result i	necessary includ wings are necessary. Information sho s appropriate. In delays in proce	ing type of n ary to illustra uld be suppl ssing and de	naterials to be used) and submit as ate the work and to help the lied for each element of the proposed in all of the request. Describe in detail
	failing.		would			er re-done
_	by having professionally restacked or					
replaced with concrete wall (currently 3 feet						
_	with a	ultur	rd stu	ne fac	ing -	to match our
	back retaining wall.					

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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.

monea Dib	De 2/24/2024	4 pt office Blanch	
SIGNATURE OF OWNER(S)	DATE	SIGNATURE OF AGENT(S)	DATE
all	2/24/2024	Service Control of the Control of th	_
SIGNATURE OF OWNERS)	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.







