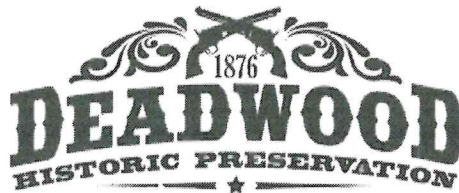


OFFICE OF  
 PLANNING, ZONING AND  
 HISTORIC PRESERVATION  
 108 Sherman Street  
 Telephone (605) 578-2082  
 Fax (605) 578-2084



<b>FOR OFFICE USE ONLY</b>	
Case No.	230010
<input type="checkbox"/> Project Approval	
<input checked="" type="checkbox"/> Certificate of Appropriateness	
Date Received	1/17/23
Date of Hearing	1/25/23

## 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: <u>668 Main Street</u>
Historic Name of Property (if known):

APPLICANT INFORMATION		
Applicant is: <input type="checkbox"/> owner <input checked="" type="checkbox"/> contractor <input type="checkbox"/> architect <input type="checkbox"/> consultant <input type="checkbox"/> other _____		
<table style="width: 100%;"> <tr> <td style="width: 50%;">           Owner's Name: <u>Black Diamond Capital LLC</u>  <u>LAMONT COMPANIES</u>            Address: <u>205 6th Ave SE Ste 300</u>            City: <u>Aberdeen</u> State: <u>SD</u> Zip: <u>57401</u>            Telephone: <u>605-225-1702</u> Fax: _____            E-mail: <u>jlamont@lamontcompanies.com</u> </td> <td style="width: 50%;">           Architect's Name: _____            Address: _____            City: _____ State: _____ Zip: _____            Telephone: _____ Fax: _____            E-mail: _____         </td> </tr> </table>	Owner's Name: <u>Black Diamond Capital LLC</u> <u>LAMONT COMPANIES</u> Address: <u>205 6th Ave SE Ste 300</u> City: <u>Aberdeen</u> State: <u>SD</u> Zip: <u>57401</u> Telephone: <u>605-225-1702</u> Fax: _____ E-mail: <u>jlamont@lamontcompanies.com</u>	Architect's Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____ Fax: _____ E-mail: _____
Owner's Name: <u>Black Diamond Capital LLC</u> <u>LAMONT COMPANIES</u> Address: <u>205 6th Ave SE Ste 300</u> City: <u>Aberdeen</u> State: <u>SD</u> Zip: <u>57401</u> Telephone: <u>605-225-1702</u> Fax: _____ E-mail: <u>jlamont@lamontcompanies.com</u>	Architect's Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____ Fax: _____ E-mail: _____	

Contractor's Name: <u>Charlie Rea</u> Address: <u>379460 South Shore Drive</u> City: <u>Aberdeen</u> State: <u>SD</u> Zip: <u>57401</u> Telephone: <u>605-380-6047</u> Fax: _____ E-mail: <u>brodecoin@yahoo.com</u>	Agent's Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____ Fax: _____ E-mail: _____
--	--

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

<b>ACTIVITY:</b> (CHECK AS APPLICABLE)					
Project Start Date: _____		Project Completion Date (anticipated): _____			
<input checked="" type="checkbox"/> ALTERATION	<input type="checkbox"/> Front	<input type="checkbox"/> Side(s)	<input checked="" type="checkbox"/> Rear		
<input type="checkbox"/> ADDITION	<input type="checkbox"/> Front	<input type="checkbox"/> Side(s)	<input type="checkbox"/> Rear		
<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> Residential	<input type="checkbox"/> Other _____			
<input checked="" type="checkbox"/> ROOF	<input checked="" type="checkbox"/> New	<input type="checkbox"/> Re-roofing	<input type="checkbox"/> Material		
	<input type="checkbox"/> Front	<input type="checkbox"/> Side(s)	<input type="checkbox"/> Rear	<input type="checkbox"/> Alteration to roof	
<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 type="checkbox"/> WINDOWS	<input type="checkbox"/> STORM WINDOWS	<input type="checkbox"/> DOORS	<input type="checkbox"/> STORM DOORS		
<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"/> PORCH/DECK	<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"/> 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.

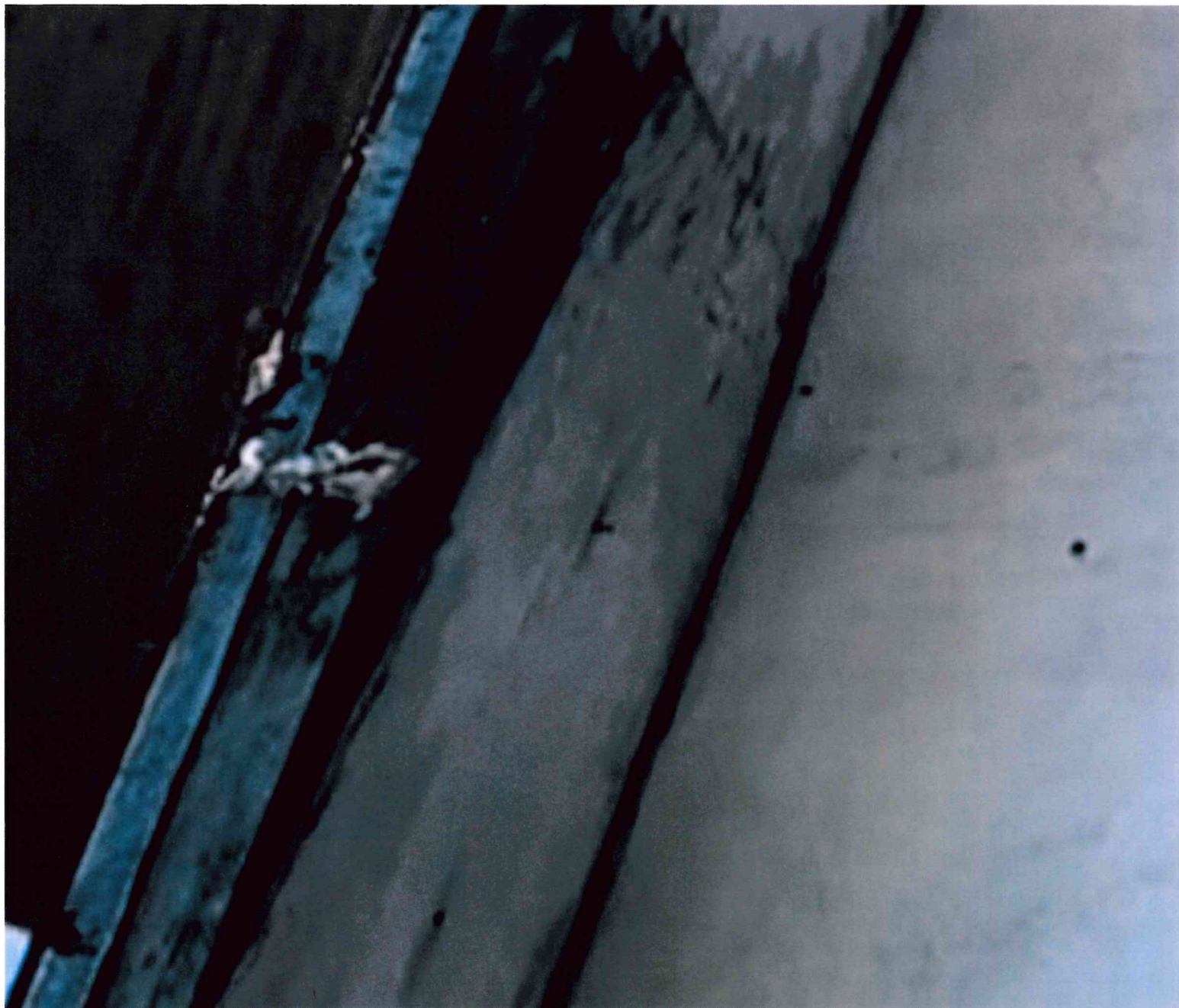
Failure to supply adequate documentation could result in delays in processing and denial of the request. Describe in detail below (add pages as necessary).

*Completely removed a rotted roof down to the second wall plate. Restored with new top plate; rafter, sheathing, 6" foam board, membrane, and 6" of stacked 2x6" around perimeter. Asking to cover face T board and stacked 2x6" with white metal as well as soffit*

*Thank you.*



Before



Repaired  
waiting for HP  
to approve metal

01/17/2023



01/17/2023



01/17/2023

