## OFFICE OF PLANNING, ZONING AND HISTORIC PRESERVATION 108 Sherman Street

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



FOR OFFICE USE ONLY
Case No. 210194
Project Approval
Certificate of Appropriateness
Date Received \_\_\_/\_\_\_/

Date of Hearing 10/13/21

# 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				
	PROPE	RTY INFORMATI	ION	
Property Address: 31 Centennial Ave.				
Historic Name of Property (if known): Mckinney home				
APPLICANT INFORMATION				
Applicant is: ☐ owner ☐ cont	ractor 🗆 architect 🗆	consultant  other		
Owner's Name: Brad & 9				
		Architect's Name:		
Address: 4605 E. 22	<u> </u>	Address:		
City: <u>Sioux Falls</u> State:	5D Zip: <u>57110</u>		State: Zip:	
Telephone: 605-321-1576 Fax:		Telephone:	Fax:	
E-mail: bradb 656 @ gmail.com				
Address: 206 N. Main				
City: Spearfish State: 5D Zip: 57783			State: Zip:	
Telephone: 605-838-8270 Fax:		Telephone:	Fax:	
E-mail: Roofing Armourol@gmail				
TYPE OF IMPROVEMENT				
☐ Alteration (change to exter				
<ul><li>□ New Construction</li><li>□ General Maintenance</li></ul>	☐ New Building ☐ Re-Roofing	☐ Addition	☐ Accessory Structure	
— General maintenance	⊠ Ke-Kooting ☑ Siding	☐ Wood Repair ☑ Windows	☐ Exterior Painting ☐ Porch/Deck	
□ Other	_ 🗆 Awning	☐ Sign	☐ Fencing	

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			ACTIVITY	Y: (CHECK AS APPLICABLE)
Pro	ject Start Date: 1/1/2	.2		oletion Date (anticipated):/2/3//22
Ø	ALTERATION	<b>图</b> Front		☐ Rear
	ADDITION	☐ Front	☐ Side(s)	□ Rear
	NEW CONSTRUCTION	☐ Residentia	ol 🗆 Other	
Ø	ROOF	□ New	_	g 🛘 Material
		☐ Front	☐ Side(s)	☐ Rear ☐ Alteration to roof
	GARAGE	□ New	☐ Rehabilita	tion
		☐ Front	☐ Side(s)	☐ Rear
	FENCE/GATE	□ New	☐ Replaceme	ent
		☐ Front	☐ Side(s)	□ Rear
	Material	S1	tyle/type	Dimensions
Ø				
		☐ Restoratio	n	☑ Replacement ☐ New
		☑ Front	☑ Side(s)	☑ Rear
	Material <u>Wood</u>	S1	tyle/type_dov!	ble hung, I over 1
Ø	PORCH/DECK	☐ Restoratio	n	☑ Replacement ☐ New
		☐ Front	☐ Side(s)	☐ Rear
	Note: Please provide detailed plans/drawings			
	SIGN/AWNING	□ New	☐ Restoratio	n 🗆 Replacement
	Material	St	tyle/type	Dimensions
Ø	OTHER – Describe in de			

#### **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).

Alteration to Front existing pantry - tear down & rebuild to match existing
Kitchen ceiling height. Windows to match new wood windows.
Roof to be reshingled using 1/2" OSB & asphalt shingles.
Windows to be moved out to flush with siding. New wood trim to
include decorative detail. (photo to Bonnie). New 6" &P Smartside with
smooth finish to be installed w/4/2" reveal. Front parch to be rebuilt to match existing parch with similar details. Page 2 of 3
Page 2013  O. Paint colors are in Diamond Kote brochure. Grizzly; cinnapar & tan trim  Dages 24, 22 & 28

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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.

Bral Beurkon	2 9/23/21		
SIGNATURE OF OWNER(S)	DATÉ '	SIGNATURE OF AGENT(S)	DATE
	une 9/23/21		
SIGNATURE OF OWNER(S)	DATE	SIGNATURE OF AGENT(S)	DATE
CICNATION OF OUNTRIES			
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.

### Criteria Checklist for **Project Approval OR Certificate of Appropriateness**

#### **SUBMITTAL CRITERIA CHECKLIST**

require prior to	ord for each project. In order to save time and effort, please consult with the Historic Preservation Office or completing your application.
ALL W	
Ø	Photograph of house and existing conditions from all relevant sides.
RENOV	ATIONS AND ADDITIONS:
	Elevation and plan drawings to scale indicating proposed alterations or additions, clearly indicating the existing building and what is proposed and including the relationship to adjacent structures. Make sure to include door and window design if altered. Manufacturer's catalog data may be used, if applicable.
Ø	Exterior material description.
	Site plan showing dimensions of lot and location of existing building(s) or structure(s) on lot, location of additions, dimensions of existing structure and additions. (Show use of addition and location of windows and doors if applicable.)
	Photograph of existing conditions from all elevations.
	Color samples and placement on the structure.
	Historic photographs should accompany any request to return a structure to an earlier historic appearance. (Please note our archives may be of great assistance)
MATER	NAL CHANGES:
ত্র	Written description of area involved.
回	Color photographs or slides of areas involved and surrounding structures if applicable.
	Sample or photo of materials involved.
PAINTI	NG, SIDING:
Ø	Color photographs of all areas involved and surrounding structures if applicable.
	Samples of colors and/or materials to be used.
	Dimensioned elevation and section to scale, showing design of fence, material, and height in relationship to adjacent structures.
NEW C	ONSTRUCTION:
	Elevation drawings to scale showing all sides and dimensions. Elevation drawings to scale showing relationship to structures immediately adjacent.
	Photograph of proposed site and adjacent buildings on adjoining properties.
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П	Color photographs of proposed site and structures within visinity of new huilding