## OFFICE OF PLANNING, ZONING AND HISTORIC PRESERVATION

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



# FOR OFFICE USE ONLY Case No. 2013 Project Approval Certificate of Appropriateness Date Received 1/2/22

## 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: 34 JACKSON STREET                    |   |  |  |  |  |  |
| Historic Name of Property (if known):                  |   |  |  |  |  |  |
| APPLICANT INFORMATION                                  |   |  |  |  |  |  |
| ,  |   |  |  |  |  |  |
| Applicant is: owner contractor architect co            | onsultantother  |  |  |  |  |  |
| Owner's Name: Brian + Renee Hogan                      | Architect's Name:                                     |  |  |  |  |  |
| Address: 34 McKon Street                               | Address:  |  |  |  |  |  |
| City: Decolutival State: SD zip: 57732                 | City: State: Zip:                                     |  |  |  |  |  |
| Telephone: 701928 0544 Fax:                            | Telephone: Fax:                                       |  |  |  |  |  |
| E-mail: reneer hogen @ hotmail                         | E-mail:   |  |  |  |  |  |
| Contractor's Name: JS Construction                     | Agent's Name:   |  |  |  |  |  |
| Address: 1601 MT. Rushmore Rd Suite 3-704              | Address:  |  |  |  |  |  |
| City: Rapid City State: S. Zip: 57701                  | City: State: Zip:                                     |  |  |  |  |  |
| Telephone: (605) 929 - 0800 Fax:                       | Telephone: Fax:                                       |  |  |  |  |  |
| E-mail: Shawn @JS Construction Pro. com                | E-mail:   |  |  |  |  |  |
| TYPE OF IMPROVEMENT                                    |   |  |  |  |  |  |
| Alteration (change to exterior)                        |   |  |  |  |  |  |
| New Construction New Building                          | Addition Accessory Structure                          |  |  |  |  |  |
| General Maintenance Re-Roofing                         | Wood Repair Exterior Painting TS Construction         |  |  |  |  |  |
| Souther Cotacines walls DAwning                        | □Windows □Porch/Deck − 33 Construction □Sign □Fencing |  |  |  |  |  |

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|    |                     |  |

|  | ACTIVITY: (CHECK AS APPLICABLE)  |          |  |  |  |
|--|--|----------|--|--|--|
| Project Start Date:  | Project Completion Date (anticipated):   |          |  |  |  |
| 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   |          |  |  |  |
|  | Style/type Dimensions  | $\dashv$ |  |  |  |
| windows stor   | WINDOWS DOORS STORM DOORS  |          |  |  |  |
|  | Restoration Replacement New  |          |  |  |  |
| Matarial   | Front Side(s) Rear  Style/type   |          |  |  |  |
| PORCH/DECK   | Restoration Replacement New  | $\neg$   |  |  |  |
| TPORCH/DECK  | Front Side(s) Rear   |          |  |  |  |
| Note: Please provide   | etailed plans/drawings   |          |  |  |  |
| SIGN/AWNING  | New Restoration Replacement  |          |  |  |  |
|  | Style/type Dimensions  |          |  |  |  |
| OTHER – Describe in c  | tail below or use attachments Paint S. Cement Wall + S. Dormer                                       |          |  |  |  |
|  | 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 below (add pages as neces   | ocumentation could result in delays in processing and denial of the request. Describe in detail ry). |          |  |  |  |
| Restore exiting dock partie at rear of residence. Willneuse  |  |          |  |  |  |
| decking material. We also have 3 retaining walls   |  |          |  |  |  |
| that nucl repairs or peplacing. also paint<br>to South side on the already painted concrete  |  |          |  |  |  |
| Wall of house & feeling print on steel siding or   |  |          |  |  |  |
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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) | 7/18/c         | SIGNATURE OF AGENT(S) | DATE |
|-----------------------|----------------|-----------------------|------|
| SIGNATURE OF OWNER(S) | 7 18 2<br>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.