

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



| FOR OFFICE USE ONLY | |
|---|-----------|
| Case No. | PA 240075 |
| <input checked="" type="checkbox"/> Project Approval | |
| <input type="checkbox"/> Certificate of Appropriateness | |
| Date Received | 1/1 |
| Date of Hearing | 5/22/24 |

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: 15 Jackson Street Deadwood, SD 57732 |
| Historic Name of Property (if known): |

| APPLICANT INFORMATION |
|---|
| Applicant is: <input checked="" type="checkbox"/> owner <input type="checkbox"/> contractor <input type="checkbox"/> architect <input type="checkbox"/> consultant <input type="checkbox"/> other _____ |

| |
|--|
| Owner's Name: <u>Natasha Brown</u> |
| Address: <u>15 Jackson Street</u> |
| City: <u>Deadwood</u> State: <u>SD</u> Zip: <u>57732</u> |
| Telephone: <u>480.318.3427</u> Fax: _____ |
| E-mail: <u>ormistons28@gmail.com</u> |

| |
|-------------------------------------|
| Architect's Name: _____ |
| Address: _____ |
| City: _____ State: _____ Zip: _____ |
| Telephone: _____ Fax: _____ |
| E-mail: _____ |

| |
|--|
| Contractor's Name: <u>OJ Glory Contracting</u> |
| Address: _____ |
| City: _____ State: _____ Zip: _____ |
| Telephone: <u>605.580.7848</u> Fax: _____ |
| E-mail: <u>olglorycontracting@gmail.com</u> |

| |
|-------------------------------------|
| Agent's Name: _____ |
| Address: _____ |
| City: _____ State: _____ Zip: _____ |
| Telephone: _____ Fax: _____ |
| E-mail: _____ |

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

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| ACTIVITY: (CHECK AS APPLICABLE) | | | | | |
|--|---|---|--|---|--------------------------------------|
| Project Start Date: <u>05.27.2024</u> | | Project Completion Date (anticipated): _____ | | | |
| <input type="checkbox"/> ALTERATION | <input type="checkbox"/> Front | <input type="checkbox"/> Side(s) | <input 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 type="checkbox"/> ROOF | <input 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 checked="" type="checkbox"/> FENCE/GATE | <input type="checkbox"/> New | <input checked="" type="checkbox"/> Replacement | | | |
| | <input checked="" type="checkbox"/> Front | <input checked="" type="checkbox"/> Side(s) | <input checked="" type="checkbox"/> Rear | | |
| Material <u>Cedar / Treated wood</u> Style/type _____ Dimensions <u>67 linear ft</u> | | | | | |
| <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).

Demo fence. Replace existing front fence with spaced cedar wood fencing (See included picture)

and gate 5ft. Replace existing back fence with cedar wood fencing and gate 6ft.


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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) | 05.14.2024 _____ DATE | _____ SIGNATURE OF AGENT(S) | _____ DATE |
| _____ 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 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.

