OFFICE OF PLANNING, ZONING AND HISTORIC PRESERVATION

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



FOR OFFICE USE ONLY Case No. 230153 Project Approval ☐ Certificate of Appropriateness Date Received 10/18/23 Date of Hearing 1016

## **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:					
Historic Name of Property (if known):					
	PLICANT INFORMATION				
Applicant is: Owner 🗷 contractor 🗆 a	rchitect $\square$ consultant $\square$ other $\_$				
Owner's Name:	Architect's Name:				
Address: 35 5 CRSC	Address:				
City: Levil & State: State: Sip:	57752 City:	State: Zip:			
Telephone: 502,403 Fax:		Fax:			
E-mail: Pall 945 8	Crean E-mail:				
Contractor's Name: Jason Anders					
Address: POBOX 520	Address:				
City: Sturs/S State: SD Zip:	57785 City:	State: Zip:			
Telephone: 605-4901618 Fax:	Telephone:	Fax:			
E-mail: JasonandersonounstructionLCC					
gmail.com					
TYPE OF IMPROVEMENT					
Alteration (change to exterior)					
☐ New Construction ☐ New	v Building	☐ Accessory Structure			
☐ General Maintenance ☐ Re-I☐ Sidii	Roofing	☐ Exterior Painting ☐ Porch/Deck			
	ning 🗆 Sign	☐ Fencing			

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Case No.				

	ACTIVITY: (CHECK AS APPLICABLE)					
Dro	Project Start Date: Project Completion Date (anticipated):					
		A			icipateuj. 🗾	
	ALTERATION	Front			***	
	ADDITION	☐ Front	☐ Side(s)			
	NEW CONSTRUCTION	☐ Residentia	I □ Other			
	ROOF	□ New	☐ Re-roofing	☐ Material		
		☐ Front	☐ Side(s)	☐ Rear	☐ Alteration	to roof
X	GARAGE	□ New	☐ Rehabilitat	tion		
		Front	☐ Side(s)	☐ Rear		
	FENCE/GATE	□ New	☐ Replaceme	ent		
		☐ Front	☐ Side(s)	☐ Rear		
	Material	S1	tyle/type	Dime	nsions	
	WINDOWS ☐ STORM	WINDOWS E	] DOORS	☐ STORM DO	ORS	
		☐ Restoration	n	☐ Replaceme	nt	□ New
		☐ Front	☐ Side(s)	☐ Rear		
	Material	S	tyle/type			
	PORCH/DECK	☐ Restoration	n	☐ Replaceme	nt	□ New
		☐ Front	☐ Side(s)	☐ Rear		
	Note: Please provide o	letailed plans/o	drawings			
	SIGN/AWNING					
	Material	S	tyle/type	Dime	ensions	
図	OTHER – Describe in de	etail below or u	se attachment	S		
			DECCRIP	TION OF A	CTIV (ITV	
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).  2- Midland Garage doors up openers  Gloss - top panel 9'X 1' TG Long Carriage Panel  Almand						
-						
_			A90-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			

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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)  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 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.

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Updated October 9, 2019

