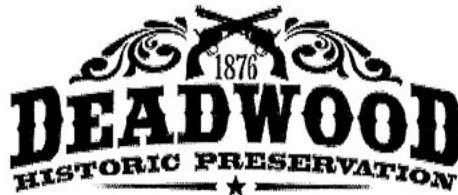


OFFICE OF
 PLANNING, ZONING AND
 HISTORIC PRESERVATION
 108 Sherman Street
 Telephone (605) 578-2082
 Fax (605) 578-2084



FOR OFFICE USE ONLY	
Case No.	_____
<input type="checkbox"/> Project Approval	
<input type="checkbox"/> Certificate of Appropriateness	
Date Received	___/___/___
Date of Hearing	___/___/___

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: 270 Main Street
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>Terri Ward</u>
Add:	
City:	
Tele:	
E-mail:	

Architect's Name:	<u>Chamberlin Architects</u>
A:	
C:	
T:	
E:	

Contractor's Name:	<u>A-1 Construction</u>
Add:	
City:	
Tele:	
E-mail:	

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 Building	<input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Accessory Structure
<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> Re-Roofing	<input type="checkbox"/> Wood Repair	<input checked="" 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

ACTIVITY: (CHECK AS APPLICABLE)	
Project Start Date: <u>ASAP</u>	Project Completion Date (anticipated): <u>End of Summer</u>
<input checked="" type="checkbox"/> ALTERATION	<input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Side(s) <input checked="" type="checkbox"/> Rear
<input checked="" type="checkbox"/> ADDITION	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Side(s) <input type="checkbox"/> Rear
<input checked="" type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> Residential <input checked="" type="checkbox"/> Other <u>New Entries</u>
<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 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 checked="" 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).

The building is getting two new entry vestibules added to existing entry doors. The new vestibules will
be wood construction to match the existing casino facade. The hotel portion of the building will be
updating the paint color of the EIFS to match the color of the EIFS banding on the new cooler enclosure.

Please see attached.

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.

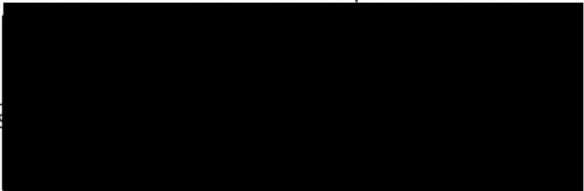
I understand this application is for a Certificate of Appropriateness or Project Approval only and that a building permit is required for any uses associated with this location prior to any constructions, alterations, etc. All statements are true to the best of my knowledge and belief.

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 OWNER(S) DATE

SIGNATURE OF OWNER(S) DATE



SIGNATURE OF AGENT(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.



FIRST GOLD - NEW ENTRIES
FRONT ELEVATION

05/06/26

725 St. Joseph Street, Suite B1
Rapid City, SD 57701
605.355.6804

chamberlinarchitects.com

