

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



FOR OFFICE USE ONLY
 Case No. 260034
 Project Approval
 Certificate of Appropriateness
 Date Received 2/24/26
 Date of Hearing 3/11/26

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: 604 Main
 Historic Name of Property (if known): Nugget

APPLICANT INFORMATION

Applicant is: owner contractor architect consultant other

Owner's Name: <u>Lee Hostad</u> Address: City: _____ Telephone: _____ E-mail: _____	Architect's Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____ Fax: _____ E-mail: _____
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Contractor's Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____ Fax: _____ E-mail: _____	Agent's Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____ Fax: _____ E-mail: _____
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TYPE OF IMPROVEMENT

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

ess-ess pc state

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

Material _____ Style/type _____ Dimensions _____

WINDOWS STORM WINDOWS DOORS STORM DOORS
 Restoration Replacement New
 Front Side(s) Rear

Material Same Style/type _____

PORCH/DECK Restoration Replacement New
 Front Side(s) Rear

Note: Please provide detailed plans/drawings

SIGN/AWNING New Restoration Replacement
Material _____ Style/type _____ Dimensions _____

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).

Replace 2 windows with two same
windows, only they will open enough
for egress - upper floor of both

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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

SIG _____
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.