OFFICE OF PLANNING, ZONING AND HISTORIC PRESERVATION 108 Sherman Street

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



FOR OFFICE USE ONLY

Case No. 230117

Project Approval

Certificate of Appropriateness

Date Received 9 / 6/23

Date of Hearing 9 / /3/23

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

PROPE	RTY INFORMATION		
Property Address: 39 Terrace St Deadwo	ood Sd 57732		
Historic Name of Property (if known):			
APPLICAN	T INFORMATION		
Applicant is: owner contractor architect	consultant other		
Owner's Name: Patty Hall	Architect's Name: N/A		
Address: 39 Terrace St	Address:		
City: Deadwood State: Sd Zip: 57732	City: State: Zip:		
Telephone: 605-920-998 Fax:	Telephone: Fax:		
E-mail: tashymo3@live.com	E-mail:		
Contractor's Name: Renewal by Andersen	Agent's Name: Ray Rice		
Address: PO Box 51288	Address: 1832 Iron Horse Loop		
City: Casper State: Wy Zip: 82605	City: Spearfish State: SD Zip: 57783		
Telephone: 307-472-2199ax:	Telephone: 605-645-3172x:		
E-mail: <u>rayr@rbamontana.com</u>	E-mail: rayr@rbamontana.com		
TYPE OF I	IMPROVEMENT		
Alteration (change to exterior)			
New Construction New Building	Addition Accessory Structure		
General Maintenance Re-Roofing	Wood Repair Exterior Painting		
Siding Other Window Awning	Windows Porch/Deck Sign Fencing		

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	Α	CTIVITY:	(CHECK AS APPLIC	CABLE)		
Project Start Date:	P	roject Comple	tion Date (anticipa	ted): 1.5 days		
ALTERATION	Front	Side(s)	Rear			
ADDITION	Front	Side(s)	Rear			
NEW CONSTRUCTI	ON Residential	Other				
ROOF	New	Re-roofing	Material			
	Front	Side(s)	Rear	Alteration to roof		
GARAGE	New	Rehabilitatio	n			
	Front	Side(s)	Rear			
FENCE/GATE	New	Replacement	t			
	Front	Side(s)	Rear			
Material	Style	/type	Dimensio	ns		
WINDOWS ST	ORM WINDOWS	DOORS	STORM DOORS			
	Restoration		Replacement	New		
	Fron X X	Sid y(s)	Rear			
Material Wood composite yle/type						
PORCH/DECK	Restoration		Replacement	New		
	Front	Side(s)	Rear			
Note: Please provide detailed plans/drawings						
SIGN/AWNING	New	Restoration	Replac	ement		
Material	Style	/type	Dimensio	ns		
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).

Replacing 4 Double Hung windows-1 in entry way, 1 in living room, & 2 in master closet. Will trim exterior to match existing with 1x wood. Replacing wood as it is rotted. Replacing picture window in the living room with a like window. Also replacing 2 fixed windows mulled togethor in the Primary Bed room with 2 fixed windows with wood grilles to match existing windows. Replacing a fixed window in a front bedroom to match other windows and to conform to perior correct windows and adding functionality. Replacing all 1x exterior to remove rotted material and to match existing exterior.

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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 Richabilitation and sopies are available for my review.

6/17/23

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	

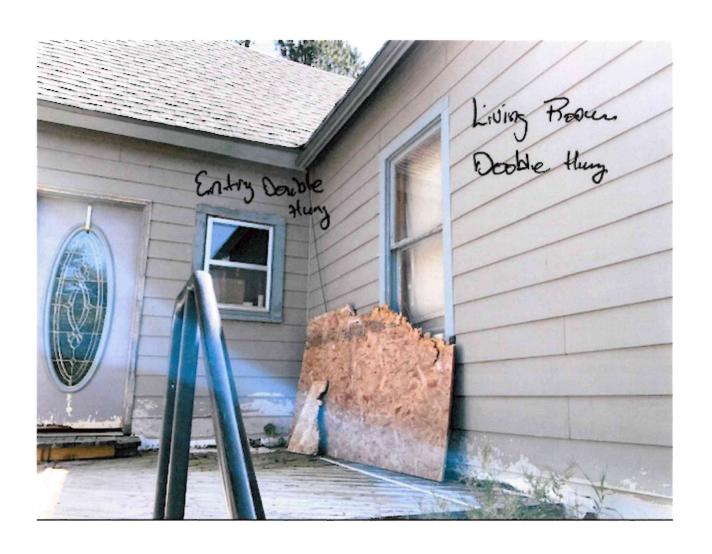
APPLICATION DEADLINE

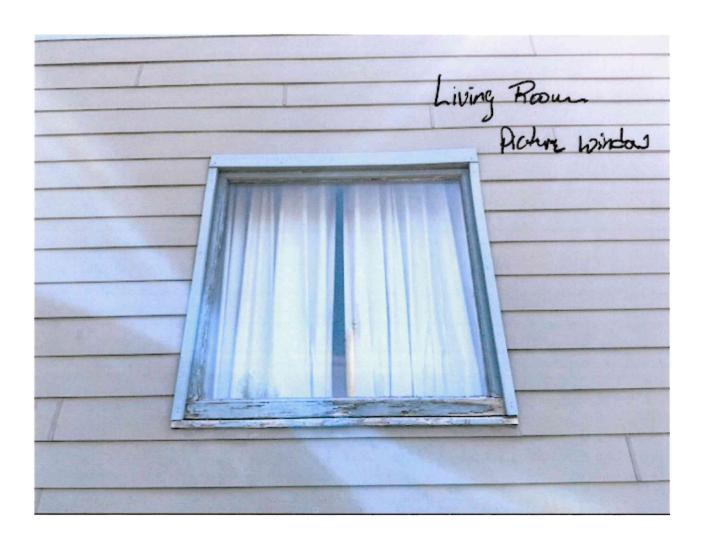
This form and all supporting documentation **MUST** arrive by 5:00 p.m. on the 1st or 3rd Wednesday of every month to be considered at the next Historic Preservation Commission Meeting. The meeting schedule and filing deadlines are on file with the Historic Preservation Office. Any information not provided 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.

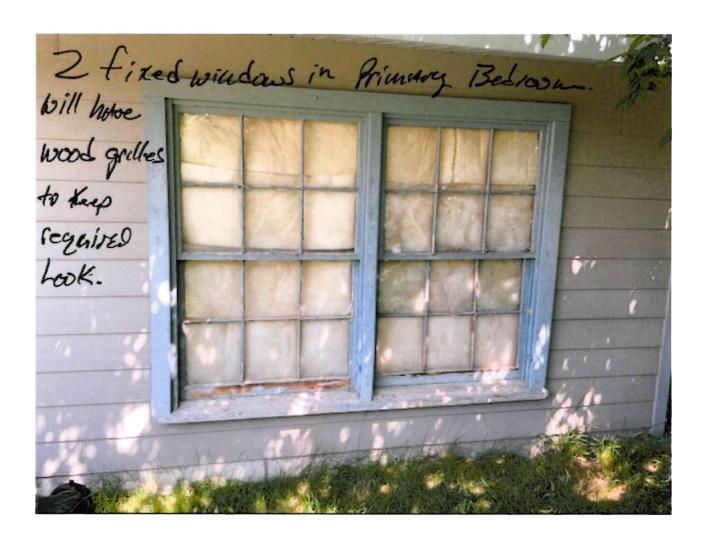
The City of Deadwood Historic Preservation Office has numerous resources available for your assistance upon request.

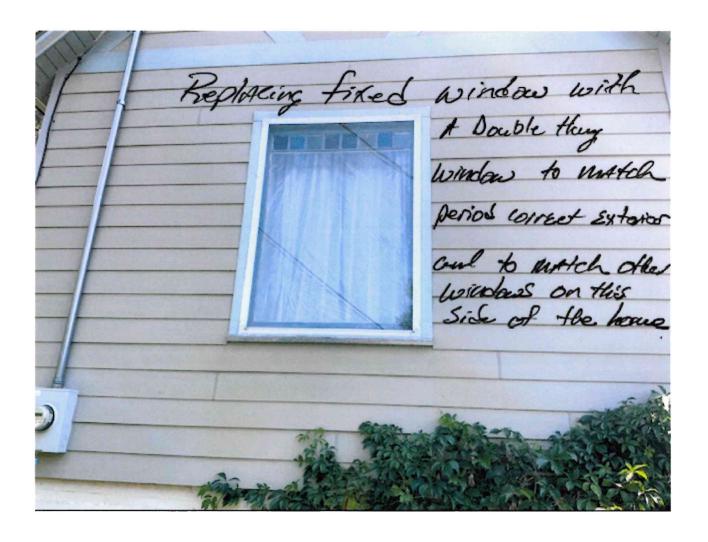
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Hall.pdf - signed using Adobe Fill & Sign.