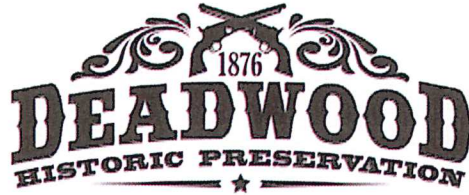


OFFICE OF  
**PLANNING, ZONING AND  
 HISTORIC PRESERVATION**  
 108 Sherman Street  
 Telephone (605) 578-2082  
 Fax (605) 578-2084



FOR OFFICE USE ONLY	
Case No.	<u>210230</u>
<input type="checkbox"/> Project Approval	
<input checked="" type="checkbox"/> Certificate of Appropriateness	
Date Received	<u>11/19/21</u>
Date of Hearing	<u>11/23/21</u>

## 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: <u>628 Main</u>
Historic Name of Property (if known):

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

Owner's Name: <u>David Barth</u>
Address: <u>311 south 7th Street</u>
City: <u>Bismarck</u> State: <u>ND</u> Zip: <u>58504</u>
Telephone: <u>701-319-0777</u> Fax: _____
E-mail: _____

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

Contractor's Name: <u>Self</u>
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
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 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 type="checkbox"/> Windows	<input type="checkbox"/> Porch/Deck
<input type="checkbox"/> Other _____	<input type="checkbox"/> Awning	<input type="checkbox"/> Sign	<input type="checkbox"/> Fencing

<b>ACTIVITY: (CHECK AS APPLICABLE)</b>	
Project Start Date: <u>11/15/2021</u>	Project Completion Date (anticipated): <u>February</u>
<input checked="" type="checkbox"/> <b>ALTERATION</b>	<input type="checkbox"/> Front <input type="checkbox"/> Side(s) <input checked="" type="checkbox"/> Rear
<input type="checkbox"/> <b>ADDITION</b>	<input type="checkbox"/> Front <input type="checkbox"/> Side(s) <input type="checkbox"/> Rear
<input type="checkbox"/> <b>NEW CONSTRUCTION</b>	<input type="checkbox"/> Residential <input type="checkbox"/> Other _____
<input type="checkbox"/> <b>ROOF</b>	<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"/> <b>GARAGE</b>	<input type="checkbox"/> New <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Front <input type="checkbox"/> Side(s) <input type="checkbox"/> Rear
<input type="checkbox"/> <b>FENCE/GATE</b>	<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"/> <b>WINDOWS</b> <input type="checkbox"/> <b>STORM WINDOWS</b> <input type="checkbox"/> <b>DOORS</b> <input type="checkbox"/> <b>STORM DOORS</b>	<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"/> <b>PORCH/DECK</b>	<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"/> <b>SIGN/AWNING</b>	<input type="checkbox"/> New <input type="checkbox"/> Restoration <input type="checkbox"/> Replacement Material _____ Style/type _____ Dimensions _____
<input type="checkbox"/> <b>OTHER</b> – 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 rear wall to plans

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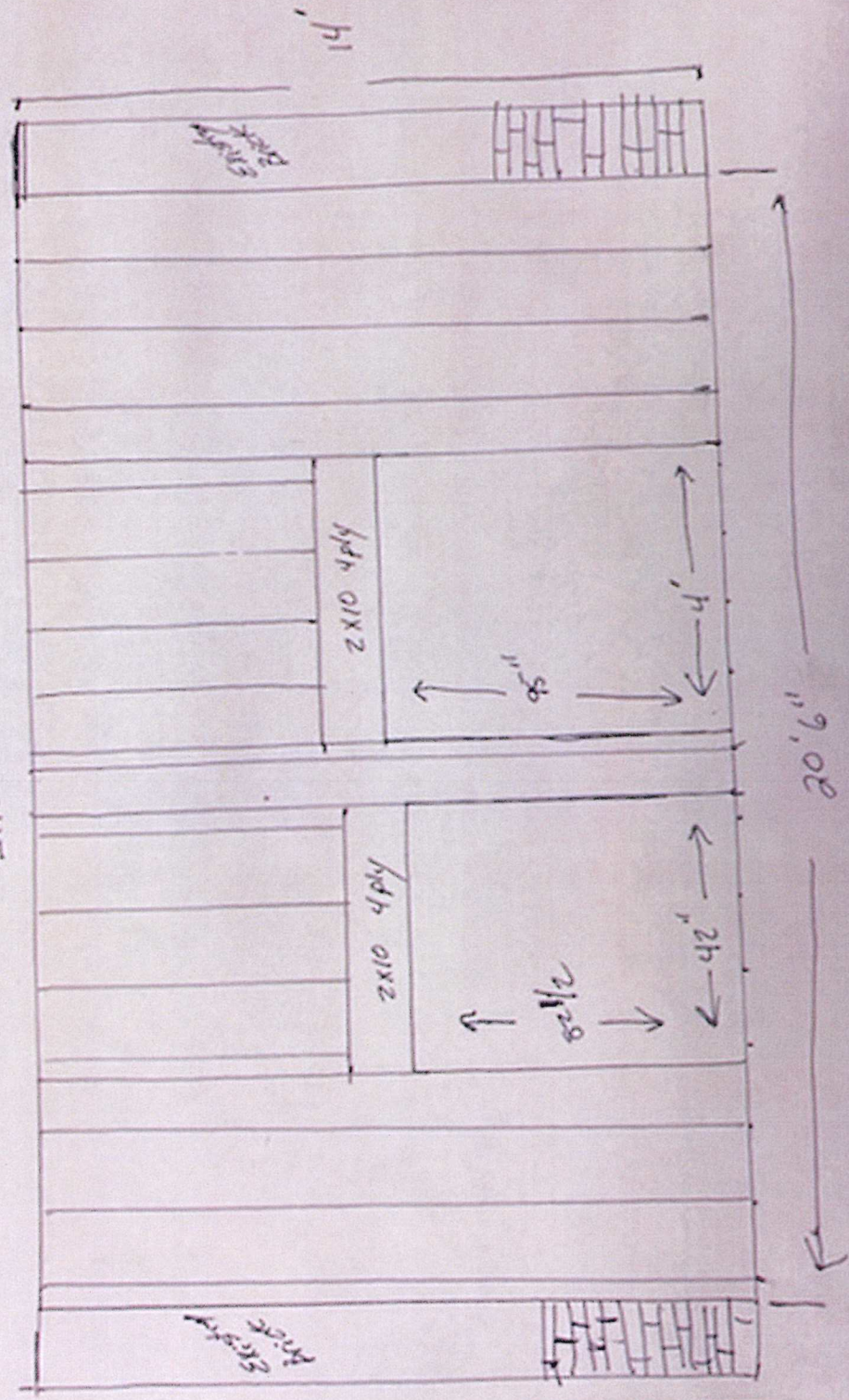


Brick finish as close to original as possible  
 Metal service door

Framed  
 Treated bottom plate  
 16 penny nail  
 Sheathing Exterior

2x8  
 2x8  
 3/4"  
 1/2"

Inside View











Pat Olheiser  
Olheiser Construction Inc  
701-319-9212