OFFICE OF PLANNING, ZONING AND HISTORIC PRESERVATION

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



FOR OFFIC	E USE	ON	LY
Case No. 25	005	50	40
Project Appro	val		
☐ Certificate of	Approp	oriate	ness
Date Received	/_	/	
Date of Hearing	410	231	20

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	G THIS FORM, CALL 605-578-2082
PROPERT	Y INFORMATION
Property Address: 67 Terrace St.	Deadwood, SD 57732
Historic Name of Property (if known):	
APPLICANT II	NFORMATION
Applicant is: Sowner Contractor architect con	nsultantother
Owner's Name:	Architect's Name:
Address:	Address:
Address:State: NE zip: 68124	City: State: Zip:
Telephone: 4'	Telephone: Fax:
E-mail:	E-mail:
Contractor's Name: MARE PederScn	Agent's Name:
Address:	Address:
City: Spear Fish State: 5D Zip: 57783	City: State: Zip:
Telephone: 26 GG	Telephone: Fax:
E-mail:	E-mail:
TYPE OF IM	PROVEMENT
	THO VENTER I
Alteration (change to exterior) New Construction New Building	Addition Accessory Structure
	Wood Repair Exterior Painting
. \square Siding	Windows Porch/Deck
Other Foundation Awning	Sign

FOR OFF	ICE USE ONLY
Case No.	
Case No	

	ACTIVITY: (CHECK AS APPLICABLE)
Project Start Date:	Project Completion Date (anticipated): FAll 2025
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
	Style/type Dimensions
WINDOWSISTOR	W WINDOWS DOORS STORM DOORS Restoration Replacement New Front Side(s) Rear
Material	Style/type
PORCH/DECK	Restoration Replacement New Front Side(s) Rear
	letailed plans/drawings
SIGN/AWNING	New Restoration Replacement Style/type Dimensions
	etail below or use attachments
	etali below of use attachments
applicable. Descriptive mat- commissioners and staff ev- work along with general dra Failure to supply adequate below (add pages as necess	DESCRIPTION OF ACTIVITY The activity (use attachments if necessary including type of materials to be used) and submit as cerials such as photos and drawings are necessary to illustrate the work and to help the aluate the proposed changes. Information should be supplied for each element of the proposed owings and/or photographs as appropriate. The documentation could result in delays in processing and denial of the request. Describe in detail ary). The documentation of the historical Foundation. The ded with enclosed estimate from Black Hills.
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Page 2 of 3

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.

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SIGNATURE OF OWNER(S)	U	• —	SIGNATURE OF AGENT(S)	DATE
- Caller	•	1-1-		
SIGNATURE OF OWNER(S)	DATE	-,	SIGNATURE OF AGENT(S)	DATE
SIGNATURE OF OWNER(3)	DATE		SIGNATURE OF AGENT(3)	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^{st} or 3^{rd} 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.

Page 3 of 3 Updated October 9, 2019

10239 Buena Vista Lane Belle Fourche, SD 57717 Vance Heidegger • (605) 569-2657

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