



Retaining Wall - Residential Application

Please read the attached Policy Guidelines and provide the requested information.

1. Address of Property:

2. Applicant's name & mailing address:

Telephone: (_____) _____ - _____

E-mail _____

3. Owner of property – (if different from applicant):

Telephone: (_____) _____ - _____

E-mail _____

For Office Use Only:

Owner Occupied

Non-owner Occupied

Verified through the Lawrence County Office of Equalization

Date: ___/___/___ Initials: _____

4. Complete a City of Deadwood Application for Project Approval OR Certificate of Appropriateness and attach it to this document.

5. Certification

I certify all information contained in this application and all information furnished in support of this application is given for the purpose of obtaining financial assistance in the form of a grant or a loan as true and complete to the best of my knowledge and belief. I acknowledge have read the policy guidelines for the loan or grant included with and for this application and agree to all of the terms and conditions contained in the policy guidelines. I agree any contractors which I hire for this project will hold contractors licenses with the City of Deadwood and will require they also agree to and abide by the terms and conditions of the policy guidelines.

I acknowledge the Deadwood Historic Preservation Commission is merely granting or loaning funds in connection with the work or project and neither the Historic Preservation Commission nor the City of Deadwood is or will be responsible for satisfactory performance of the work or payment for the same beyond the grant or loan approval by the Historic Preservation Commission. I acknowledge I am solely responsible for selecting any contractors hired in connection with the project and in requiring satisfactory performance by such contractor. I agree to indemnify and hold harmless the Deadwood Historic Preservation Commission and the City of Deadwood against losses, costs, damages, expenses and liabilities of any nature directly or indirectly resulting from or arising out of or relating to the Deadwood Historic Preservation Commission's acceptance, consideration, approval, or disapproval of this application and the issuance or non-issuance or a grant or loan.

Applicant's signature: _____

Date submitted: ___/___/___

Owner's signature: _____

Date submitted: ___/___/___

Please return the completed application along with the Project Approval OR Certificate of Appropriateness to:

City of Deadwood
Planning, Zoning & Historic Preservation
108 Sherman Street
Deadwood, SD 57732
605-578-2082

Adopted 05/27/15