



"The Historic City of the Black Hills"  
 67 Dunlop Avenue  
 Deadwood, South Dakota  
 (605) 578-3082 FAX (605) 578-3101

### BUILDING PERMIT APPLICATION

Property Owner: _____ Mailing Address: _____ City/State/Zip: _____ Owner Phone: _____ E-Mail: _____ Job Address: _____	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial/Industrial  <input type="checkbox"/> New Construction <input type="checkbox"/> Addition to Existing Structure <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Remodel Existing Structure <input type="checkbox"/> Repair Existing Structure
<b>OFFICE USE ONLY</b>	
Lot #: _____ Block: _____ Tract: _____ Do you intend on hiring a Contractor, or perform the work yourself? <input type="checkbox"/> Contractor <input type="checkbox"/> Self <i>(If you checked contractor, please complete below)</i>	What type of work will be done? <i>(Check all that apply):</i>  <input type="checkbox"/> Building/Construction/Repair <input type="checkbox"/> Electrical <input type="checkbox"/> Concrete/Foundation <input type="checkbox"/> Mechanical/HVAC <input type="checkbox"/> Other <i>(describe below)</i> <input type="checkbox"/> Plumbing/Gas
Contractor Name: _____ Mailing Address: _____ City/State/Zip: _____ Contact Phone: _____ E-Mail: _____ Is City License Current? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Work: _____ _____ _____ _____ _____
<b>OFFICE USE ONLY</b>	
Are Plans Required? <i>(Please check one of the following):</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If you checked yes, please complete below)</i>	_____ _____ _____ _____
Draftsman/Designer Information: Name: _____ Mailing Address: _____ City/State/Zip: _____ Phone: _____ E-Mail: _____	Valuation of Work:    _____ (Valuation includes materials and labor)  Square Footage:        _____

### NOTICE

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZATION IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCER THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW OR ORDINANCE REGULATING CONSTRUCTION OR THE PERFORMANCE OR CONSTRUCTION.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
 Signature of Contractor/Authorized Agent                      Date                      Signature of Owner or Agent                      Date

\_\_\_\_\_  
 Building Official Approval                      Date                      Printed Name of Applicant

FOR OFFICE USE ONLY			
Planning & Zoning Official <input type="checkbox"/> SFHA <input type="checkbox"/> Site Plan <input type="checkbox"/> Zoning _____ _____ Date	HP Official <input type="checkbox"/> Contributing    Case # _____ <input type="checkbox"/> Project Approval <input type="checkbox"/> Certificate of Appropriateness _____ Date		
Type of Construction: <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> VB			