

**BUILDING PERMIT APPLICATION**

CITY OF DEADWOOD

108 Sherman St., Deadwood, SD 57732

(605) 578-3082 Fax (605) 578-2084

permitsandlicensing@cityofdeadwood.com

Permit # _____

Permit Fee \$ _____

Online payments can be made [here](#).

Property Owner: _____ Mailing Address: _____ City/State/Zip: _____ Owner Phone: _____ E-mail: _____ Job Address: _____	Please check: <input type="checkbox"/> Residential <input type="checkbox"/> New Construction <input type="checkbox"/> Grading <input type="checkbox"/> Excavation <input type="checkbox"/> Demolition <input type="checkbox"/> Addition to Existing Structure <input type="checkbox"/> Sidewalk Repair/Replacement <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Remodel Existing Structure <input type="checkbox"/> Repair Existing Structure <input type="checkbox"/> Sewer Tap <input type="checkbox"/> Water Tap <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Public
Do you intend on hiring a contractor or performing the work yourself? <input type="checkbox"/> Contractor <input type="checkbox"/> Self <i>If you checked Contractor, please complete the following:</i> Contractor Name: _____ Mailing Address: _____ City/State/Zip: _____ Contact Name: _____ Contact Phone: _____ E-mail: _____ Is City License current: <input type="checkbox"/> Yes <input type="checkbox"/> No	What type of work will be done? (check all that apply) <input type="checkbox"/> Building/Construction/Repair <input type="checkbox"/> Plumbing/Gas <input type="checkbox"/> Electrical <input type="checkbox"/> Concrete/Foundation <input type="checkbox"/> Mechanical/HVAC <input type="checkbox"/> Other (describe below) Description of work: _____ _____ _____ _____ _____
Project Cost: _____ (materials and labor)	
Subcontractor Name(s): _____ _____ _____ _____ _____	
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. THIS PERMIT DOES NOT COVER ELECTRICAL OR PLUMBING PERMITTING; PLEASE CONTACT THE APPLICABLE STATE AGENCY FOR THOSE PERMITS. 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 CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW OR ORDINANCE REGULATION CONSTRUCTION OR THE PERFORMANCE OR CONSTRUCTION.	
X _____ Signature of Contractor/Authorized Agent Date	X _____ Signature of Contractor/Authorized Agent Date
_____ PRINTED NAME of Applicant, Contractor, Owner or Authorized Agent	X _____ Signature of Owner or Agent Date
FOR OFFICE USE ONLY BELOW THIS LINE	
_____ Building Official Approval Date	_____ Historic Preservation Official Date
_____ Planning and Zoning Official Date	<input type="checkbox"/> Contributing Case # _____ <input type="checkbox"/> Project Approval <input type="checkbox"/> Certificate of Appropriateness
<input type="checkbox"/> SFHA <input type="checkbox"/> Site Plan Are plans required? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Acc Type _____ Parcel No. _____