



**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 \$ \_\_\_\_\_

<b>Property Owner:</b> _____ Mailing Address: _____ City/State/Zip: _____ Owner Phone: _____ E-mail: _____ <b>Job Address:</b> _____	<b>Please check:</b> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Public <input type="checkbox"/> New Construction <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Grading <input type="checkbox"/> Remodel Existing Structure <input type="checkbox"/> Excavation <input type="checkbox"/> Repair Existing Structure <input type="checkbox"/> Demolition <input type="checkbox"/> Sewer Tap <input type="checkbox"/> Addition to Existing Structure <input type="checkbox"/> Water Tap <input type="checkbox"/> Sidewalk Repair/Replacement <input type="checkbox"/> Change of Occupancy
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> <b>Contractor Name:</b> _____ Mailing Address: _____ City/State/Zip: _____ Contact Name: _____ Contact Phone: _____ E-mail: _____ Is City License current: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>What type of work will be done? (check all that apply)</b> <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)
<b>Project Cost:</b> _____ (materials and labor)	
<b>Subcontractor Name(s):</b> _____ _____ _____ _____	

**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 _____	X _____
Signature of Contractor/Authorized Agent                      Date	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. _____		