BUILDING PERMIT APPLICATION

CITY OF DEADWOOD
67 Dunlop Ave., Deadwood, SD 57732
(605) 578-3082 Fax (605) 578-3101

Permit # _____

Permit Fee $_____

Property Owner: _____
Mailing Address: _____
City/State/Zip: _____
Owner Phone: _____
E-mail: _____
Job Address: _____

☐ **Residential** ☐ **Commercial/Industrial**

☐ New Construction ☐ Accessory Structure
☐ Grading ☐ Remodel Existing Structure
☐ Excavation ☐ Repair Existing Structure
☐ Demolition ☐ Sewer Tap
☐ Addition to Existing Structure ☐ Water tap
☐ Sidewalk Repair/Replacement Change of Occupancy

Do you intend on hiring a Contractor or perform the work yourself? ☐ Contractor ☐ Self

If you checked Contractor, please complete the following:

Contractor Name: _____
Mailing Address: _____
City/State/Zip: _____
Contact Name: _____
Contact Phone: _____
E-mail: _____
Is City License current? ☐ Yes ☐ No

What type of work will be done? ***(check all that apply)***

☐ Building/Construction/Repair
☐ Electrical
☐ Mechanical/HVAC ☐ Concrete/Foundation
☐ Plumbing/Gas ☐ Other (Describe below)

Description of work: _____

Valuation of Work: (Valuation includes materials and labor)

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 Owner or 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

Are plans required? ☐ Yes ☐ No If so, complete below

Draftsman/Designer Information:
Name: _____
Mailing Address: _____
City/State/Zip: _____
Phone No: _____

Legal Description:
Lot No: _____
Block: _____
Tract: _____
Parcel No.: _____ E-mail:

_____ _____
Building Official Approval Date

_____ _____
Planning and Zoning Official Date

_____ _____
Historic Preservation Official Date

☐ SFHA ☐ Site Plan ☐ Acc Type _____ ☐ Contributing Case #_____
☐ Project Approval ☐ Certificate of Appropriateness