DEVELOPMENT SERVICES CENTER

Growth Management Department
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HISTORIC **PRESERVATION 11.1 REVIEW**

PROJECT ADDRESS: S S S S S C DESCRIPTION OF REQUEST: Maddy Revious request - will no bager May steps on north side - stains will Come straight down with nick harder YEAR CONSTRUCTED: To have wrapped applicance West Boulevard Historic District Environs of West Boulevard Historic District Environs of Downtown Historic District Environs of an Individually Listed Property STATUS: Contributing Non-Contributing TYPE: Commercial Chresidential OWNER OF RECORD Name: Hall Address: S S S S S S S S S	PROJECT NAME: Front pouch revision Plan		
DESCRIPTION OF REQUEST: Modely Revious request—will no larger May Sleps on room side—stains will Come straight down with inch with brick Marker YEAR CONSTRUCTED: West Council to have wrapped applacence HISTORIC DISTRICT: West Boulevard Historic District Downtown Historic District Environs of West Boulevard Historic District Environs of Downtown Historic District Environs of an Individually Listed Property STATUS: Contributing TYPE: Commercial DOWNER OF RECORD Name: Hard State Signature: Mailing Address: Downtown Historic District City State Zip APPLICANT (If different from owner of record) Name: Phone #: Fax #: Mailing Address: City, State, Zip Mailing Address: City, State, Zip	PROJECT ADDRESS: '		
Made Steps on north side - Stairs will Come Straight down with inon railing YEAR CONSTRUCTED: to have wrapped appearance HISTORIC DISTRICT: West Boulevard Historic District Downtown Historic District Environs of West Boulevard Historic District Environs of Downtown Historic District Environs of an Individually Listed Property STATUS: Contributing TYPE: Commercial OWNER OF RECORD Name: Hand Serial Phone #: 341-8516 Date: Look 10 APPLICANT (If different from owner of record) Name: Phone #: Fax #: Mailing Address: City, State, Zip Mailing Address: City, State, Zip	1515 West Blud; 12C		
Mane: Mane: Phone #: Mailing Address: Mane Phone #: Mailing Address: Mane Ma	DESCRIPTION OF REQUEST:		
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YEAR CONSTRUCTED: Was CAUSE IN GLOB TO THE WAS CAUSE OF STATUS: Contributing TYPE: Commercial Com	Was sinche - soit whom no equite spill		
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HISTORIC DISTRICT: West Boulevard Historic District Downtown Historic District Environs of West Boulevard Historic District Environs of Downtown Historic District Environs of Downtown Historic District Environs of an Individually Listed Property STATUS: Contributing TYPE: Commercial OWNER OF RECORD Name: Phone #: Mailing Address: Owner's Signature: Date: APPLICANT (If different from owner of record) Name: Mailing Address: City, State, Zip APPLICANT (If different from owner of record) Name: Mailing Address: City, State, Zip	YEAR CONSTRUCTED: to house wrapped appelarance		
HISTORIC DISTRICT: West Boulevard Historic District	Dach charges in 1966 & 19903		
□ Downtown Historic District □ Individually Listed Property STATUS: □ Contributing TYPE: □ Commercial OWNER OF RECORD Name: Hand Secretary Mailing Address: Owner's Signature: Date: APPLICANT (If different from owner of record) Name: Mailing Address: City, State, Zip Mailing Address: City, State, Zip	HISTORIC DISTRICT:		
□ Individually Listed Property STATUS: □ Contributing □ Non-Contributing TYPE: □ Commercial □ Residential OWNER OF RECORD Name: Phone #: 341 - 350 Fax #: Mailing Address: Date: □ D			
STATUS: Contributing TYPE: Commercial OWNER OF RECORD Name: Hand Phone #: 341 - 850 Fax #: Mailing Address: Date: Date: Date: APPLICANT (If different from owner of record) Name: Phone #: Fax #: Mailing Address: City, State, Zip	· · · · · · · · · · · · · · · · · · ·		
TYPE: Commercial OWNER OF RECORD Name: Fax #: Mailing Address: Date:	☐ Individually Listed Property	Environs of an Individually Listed Property	
TYPE: Commercial OWNER OF RECORD Name: Fax #: Mailing Address: Date:	STATUS		
TYPE: Commercial OWNER OF RECORD Name: Fax #: Mailing Address: Date: Date: Date: APPLICANT (If different from owner of record) Name: Phone #: Fax #: Mailing Address: City, State, Zip City, State, Zip City, State, Zip		Non-Contributing	
OWNER OF RECORD Name: For January Phone #: 311 - 857 Fax #: Mailing Address: Date: Date: Date: Date: Date: Phone #: Fax #: Marrier Applicant (If different from owner of record) Name: Phone #: Fax #: Mailing Address: City, State, Zip			
OWNER OF RECORD Name: # Superior Phone #: 341 - 855 Fax #: Mailing Address: Date: Date: Date: Date: Date: Phone #: APPLICANT (If different from owner of record) Name: Phone #: Fax #: Mailing Address: City, State, Zip	TYPE:		
Name: Hone #: 341-851 Fax #: Mailing Address:	☐ Commercial ☐-	Residential	
Name: Hone #: 341-851 Fax #: Mailing Address:			
Mailing Address: City, State, Zip Owner's Signature: Date: Date: APPLICANT (If different from owner of record) Name: Phone #: Fax #: Mailing Address: City, State, Zip			
Owner's Signature: APPLICANT (If different from owner of record) Name: Phone #: Mailing Address: City, State, Zip		-8576 Fax #:	
APPLICANT (If different from owner of record) Name: Phone #: Fax #: Mailing Address: City, State, Zip	Mailing Address: 1515 West Blod	City, State, Zip 57001	
APPLICANT (If different from owner of record) Name: Phone #: Fax #: Mailing Address: City, State, Zip	Owner's Signature: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Date: 16-22-10	
Mailing Address: City, State, Zip			
	Name: Phone #:	Fax #:	
Applicant's Signature: Date:	Mailing Address:	City, State, Zip	
	Applicant's Signature:	Date:	