Project Review Application Form

This application <u>must</u> be completed for all projects that will be federally funded, licensed, or permitted, or that are subject to state review. Please allow 30 days from receipt for the review of a project. <u>All information must be completed before review of a project can begin and incomplete forms will be returned for completion.</u>

1 3 1	riewed by DHR? YES N	O DHR File#
. Project Name		
. Project Location		
City	Town	County
. Specify Federal and State agencies in permit). Refer to the list of agencies		
Lead Federal Agency		
Other Federal Agency		
State Agency		
5. Lead Agency Contact Information		
Contact Person		
Mailing Address		
Phone Number	Fax Number	
Email Address		
6. Applicant Contact Information		
Contact Person		
Mailing Address		
Phone Number	Fax Number	
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	AFSCDIPTION	
. PROJECT LOCATION AND D	ESCRII HON	

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9. Have any architectural or archaeological surveys of the area been conducted?		
If yes, list author, title, and date of report here. Indicate	ate if a copy is on file at DHR.	NO
10. Are any structures 50 years old or older within or	adjacent to the project area?	YES NO
If yes, give date(s) of construction and provide photog	graphs.	NO
11. Does the project involve the rehabilitation, alterate structure, building, designed site (e.g. park, cemetery) yes, this must be explained fully in the project descrip), or district that is 50 years or older? If	YES NO
12. Does the project involve any ground disturbance sewer or water lines or utilities, grading roads, etc.)? project description.		YES NO
13. DESCRIPTION: Attach a complete description or required information.	of the project. Refer to the instructions for	the
To the best of my knowledge, I have accurately described	the proposed project and its likely impacts.	
Signature of Applicant/Agent	Date	
The following information p	must be attached to this form:	
Completed DH	IR Archives search	
USGS map wit		
Complete proje		
Any required p	hotographs and plans	
	ded in order to complete our review. ect. A copy of our correspondence is attac	ched.
Signature_	Date	
Phone number	DHR File#	
This Space For Department C	If Historic Resources Use Only	

MAIL COMPLETED FORM AND ATTACHMENTS TO: