

REQUEST FOR SHPO COMMENT

This is a new submittal

This is additional information relating to SHPO R&C #: _____

Instructions for completing this form are available in the User's Manual, found online at www.iowahistory.org/historic-preservation/review-and-compliance/index.html under "Review and Compliance". If you have questions while completing the form, please reference the user's Manual before contacting your project administrator or SHPO, as appropriate. Please attach a copy of the lead federal agency statement and/or the signature authorization form to your submittal, if applicable.

Cover Letter: Please include a cover letter with a comprehensive description of the Area of Potential Effect (APE) and project activities. The APE should include the project area, all easements, burrow areas, equipment and material storage and staging areas. If applicable, describe excavation and other earthmoving activities including three-dimensional parameters (length, width and depth).

I. General Information

Project Name/Property Owner: _____ Wx File Number: _____

Property Street and Number: _____ City, State, Zip: _____

County: _____

Lead Federal Agency: DOE Federal Funding Program/Permit: DOE WAP

Contact Person on Project: _____ Contact Email: _____

Contact Street and Number: _____ Contact Phone: _____

City, State, Zip: _____

II. Identification of Historic Places

Please check box indicating whether you are requesting an archaeological and/or architectural review of the project and include each of the items requested.

Archaeology

7.5 min Quad U.S.G.S. (1-mile radius) with quad name and APE outlined (maps on line at www.ortho.gis.iastate.edu)

Site plan showing limits of proposed activities or general layout (engineering)

Aerial photo: zoom to project area (photos on line at www.ortho.gis.iastate.edu)

Description of width and depth of proposed excavation and current conditions of project area

OSA site file search, Phase IA or Phase I (whichever is appropriate per Users Manual)

Number of acres in project: _____

Legal location: Section(s): _____ Township: _____ Range(s): _____

Architecture

Date or original construction for the building

Previous site information available (contact Iowa Site Inventory Coordinator)

Updated or new Iowa site Inventory Form (available online at www.iowahistory.org/preservation)

Clear photos of property and surrounding area (see Users Manual)

Location map (no bigger than 11x17) with APE clearly defined (Quad map or city plat map – see Users Manual)

_____ Copy of county or city assessor's card record or other appropriate property information (see Users Manual)
Detailed description of proposed action, including copy of project specifications if applicable

III. Applicant Certification

(Check either Adverse Effect or No Adverse Effect for Historic Property Affected category)

Determination of Effect (check one)

_____ **No historic properties will be affected** (i.e., none are present or there are historic properties present but the project will have no effect upon them)

_____ **No adverse effect to a historic property** (i.e., historic property is present and affected. However, the project either has no adverse effect on the historic property, or the applicant or other federally authorized representative will consult with SHPO to modify the project or impose conditions to avoid adverse effects)

_____ **Adverse effect to a historic property** (i.e., historic property is present and adversely affected. The applicant, or other federal authorized representative, will consult with the SHPO and other consulting parties to resolve the adverse effect.)

I understand that the SHPO has 30 days from receipt to object to the finding, after which the SHPO waives its opportunity to comment on this undertaking.

Federally Authorized Signature: _____ Date: _____

Typed Name and Title: _____

Submit one copy with each property for which our comment is requested.

Return to: Review and Compliance Coordinator, State Historic Preservation Office, 600 E. Locust St. Des Moines, IA 50319-0290