

REQUEST FOR SHPO COMMENT ON A PROJECT

Submit one copy with each property for which our comment is requested. Please print or type.

Return to: State Historical Society of Iowa, State Historic Preservation Office, 600 E. Locust St, Des Moines, IA 50319-0290

I. GENERAL INFORMATION

This is a new submittal

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

- a. Property Name: _____
- b. Property Street & Number: _____
- c. County: _____ City: _____ Zip: _____
- d. Federal Agency: _____ Federal Funding Program/Permit: _____
- e. Agency Project No.: _____ If HUD, circle one: 24 CFR Part 50 or Part 58
- f. Contact Person on Project: _____ Phone: _____
- g. Contact Address: _____ Zip: _____ email: _____

II. IDENTIFICATION OF HISTORIC PLACES

Scope of Effort Applied

- As agreed in programmatic or other agency agreements with SHPO (if applicable)
- Includes the attached elements required under 36 CFR 800.4(a)
- 1) Area of potential effects, as defined in 800.16(d), is shown on map
 - 2) Existing information has been reviewed on historic properties in the property area at SHPO office and/or other locations of inventory data
 - 3) Information has been sought from parties likely to have knowledge about historic properties in the project area
 - 4) Information gathered from Indian tribes, as appropriate

Identification Results

History and Architecture

- An attached Iowa Site Inventory form is completed for each building 50 years of age or older

Archaeology

- Yes No The project will involve excavation

If yes, submit all of the following information (use attachments of necessary)

- 1) Precise project location map (preferably U.S.G.S. 7.5 min Quad with name, date, & location)
- 2) Site plan showing limits of proposed excavation
- 3) Number of acres in project _____
- 4) Legal location: Section(s) _____ Township(s) _____ Range(s) _____
- 5) Description of width and depth of proposed excavation and current conditions of project area

III. APPLICANT CERTIFICATION (Check Either Adverse Effect or No Adverse Effect for Historic Property Affected category)

Findings (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) and adequate documentation under 800.11 is provided, including:
- 1) A description of the undertaking, specifying the Federal involvement, and its area of potential effects, including photographs, maps, drawings, as necessary **and**
 - 2) A description of the steps taken to identify historic properties, including, as appropriate, efforts to seek information pursuant to 800.4(b) **and**
 - 3) The basis for determining that no historic properties are present or affected.

I understand that the SHPO has 30 days from receipt to object to the finding, after which the applicant's responsibilities under Section 106 of the Historic Preservation Act are fulfilled.

- An historic property will be affected** for which documentation is provided as required in 36 CFR Part 800.11(e) and, in applying the criteria of adverse effect under 800.5, propose that the project be considered to have **(Check One)**:

- A **No Adverse Effect** under which, in consultation with the SHPO, the project will be modified or conditions imposed to avoid adverse effects. I understand that failure of the SHPO to provide a dated response within 30 days from receipt to the finding shall be considered agreement of the SHPO with the finding
- An **Adverse Effect** is found and the applicant, or other federally authorized representative, will consult with the SHPO and other consulting parties to resolve the adverse effect under 800.6

Federally Authorized Signature: _____ Date: _____
Type name below →

IV. STATE HISTORIC PRESERVATION OFFICE COMMENT

<p><input type="checkbox"/> Agree with the finding in section III above (move to reader's file)</p> <p><input type="checkbox"/> Object to the finding for reasons indicated in attached letter</p> <p><input type="checkbox"/> Cannot review until information is sent as follows: _____</p>	<p><input type="checkbox"/> See attached follow-up letter</p>
Authorized Signature: _____ Date: _____	

Please mail a copy of this signed statement to your contact person at the Federal Agency

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