**Submit one application for each project for which comment is requested. Consult the *Instructions for the Application for SHPO Section 106 Consultation Form* when completing this application.**

**Submit application materials online at** [**www.michigan.gov/shposection106**](http://www.michigan.gov/shposection106) **or mail to: Michigan State Historic Preservation Office, 300 North Washington Square, Lansing, MI 48913**

1. **GENERAL INFORMATION** [ ]  New submittal

[ ]  More information relating to SHPO ER# SHPO Project #

[x]  Submitted under a Programmatic Agreement (PA)

PA Name/Date: PA name/date, if applicable

* 1. **Project Name:** **Project name**
	2. **Project Location(s):**

If there is more than one location for your project, additional rows may be added to the table below.Township, Range, Section/Private Claim refer to the public land survey sections. Each Township/Range group must have its own row in the table below and must include the corresponding county and municipal unit.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **County** | **Municipality** | **Street Address** | **Township (N/S)** | **Range (E/W)** | **Section(s) or Private Claim** |
| County | City, Village, or Township | Street Address, if applicable | Township | Range | Section(s) or Private Claim # |

1. **FEDERAL AGENCY INVOLVEMENT AND RESPONSE CONTACT INFORMATION**
2. **Federal Agency:** Name of federal agency

**Contact Name:** Name of federal contact

**Contact Address:** Federal contact mailing address **City:** Federal contact city **State:** Federal contact state **Zip:** Federal contact zip code

**Email:** Federal contact email

**Specify the federal agency involvement in the project:** Specifically identify the federal involvement with the project

1. **If HUD is the Federal Agency:** **24 CFR Part 50** [ ]  **or Part 58** [ ]

**Responsible Entity (RE):** Name of the entity that is acting as the Responsible Entity

**Contact Name:** RE Contact name

**Contact Address:** RE mailing address **City:** RE city **State:** RE State **Zip:** RE zip code

**RE Email:** RE contact’s email **Phone:** RE contact’s phone #

1. **State Agency Contact (*if applicable*):** Name of state agency

**Contact Name:** Name of state agency contact

**Contact Address:** State agency contact’s mailing address **City:** State contact’s city **Zip:** State contact’s zip code

**Email:** State contact’s email **Phone:** State contact’s phone #

1. **Applicant (if different than federal agency):** Name of Applicant’s agency/firm

**Contact Name:** Applicant contact’s name

**Contact Address:** Applicant contact’s mailing address **City:** Applicant’s city **State:** Applicant contact’s state **Zip:** Applicant contact’s zip code

**Email:** Applicant contact’s email **Phone:** Applicant contact’s phone #

1. **Consulting Firm (if applicable):** Name of firm

Contact Name: Name(s) of consultants

Contact Address: Consultant’s mailing address **City:** Consultant’s city **State:** Consultant’s State **Zip**: Consultant’s zip code

**Email:** Consultant’s email Phone: Consultant’s phone number

1. **PROJECT INFORMATION**
	1. **Project Work Description**

Describe all work to be undertaken as part of the project:

Describe the work to be done for the project.

* 1. **Project Location and Area of Potential Effect (APE)**
		1. **Maps.** Please indicate all maps that will be submitted as attachments to this form.

[ ] Street map, clearly displaying the direct and indirect APE boundaries

[ ] Site map

[ ] USGS topographic map Name(s) of topo map(s): Name(s) of topo map(s)

[ ] Aerial map

[ ] Map of photographs

[ ] Other: Identify type(s) of map(s)

* + 1. **Site Photographs**
		2. **Describe the APE:**

Description of APE

* + 1. **Describe the steps taken to define the boundaries of the APE:**

Describe how the boundaries of the APE were chosen

1. **IDENTIFICATION OF HISTORIC PROPERTIES**
	1. **Scope of Effort Applied**
		1. **List sources consulted for information on historic properties in the project area** (including but not limited to SHPO office and/or other locations of inventory data).

Sources consulted for information on historic properties

* + 1. Provide documentation of previously identified sites as attachments.
		2. **Provide a map** showing the relationship between the previously identified properties and sites, your project footprint and project APE.
		3. Have you reviewed existing site information at the SHPO: [ ] Yes [ ]  No
		4. Have you reviewed information from non-SHPO sources: [ ] Yes [ ]  No
	1. **Identification Results**
		1. **Above-ground Properties**

**Are you submitting above-ground identification information?** [ ]  Yes [ ]  No

**If yes, please indicate level:**

[ ]  Literature Review [ ]  Reconnaissance Survey Report [ ]  Intensive Survey Report

**Total number of properties surveyed** Number of Properties surveyed:

**Total number of previously identified Historic Properties in your APE** Number of previously identified listed or eligible Properties

**Total number of newly identified properties recommended eligible for listing in the National Register of Historic Places** Number of Properties recommended eligible

**Summarize, briefly, your findings for above-ground resources**.

Brief summary of above-ground findings, including the number of buildings/districts found to be eligible and how they will/will not be affected by the undertaking.

**Attach the appropriate Michigan SHPO Architectural Identification Form for each resource or site 50 years of age or older in the APE.** Refer to the *Instructions for the Application for SHPO Section 106 Consultation Form* for guidance on this.

**Provide the name and qualifications of the person who made recommendations of eligibility for the above-ground identification forms.**

**Name** Name **Agency/Consulting Firm:** Name of agency or consulting firm

Is the individual a 36CFR Part 61 Qualified Historian or Architectural Historian [ ]  Yes [ ]  No

Are their credentials currently on file with the SHPO? [ ]  Yes [ ]  No

*If NO* attach this individual’s qualifications form and resume.

* + 1. **Archaeology**

Submit the following information using attachments, as necessary.

1. **Are you submitting archaeological information?** [ ] Yes [ ]  No

1. **If yes, please indicate****:** [ ]  Assessment (Desktop Review) [ ]  Archeological Report
2. **Width(s), length(s), and depth(s) of proposed ground disturbance(s):** Width, length, depth of proposed ground disturbance
3. **Is a portion of the APE underwater?** [ ] Yes [ ]  No

**If the assessment did not include the underwater portions of the APE, please briefly justify:**

Justification for not assessing the potential for submerged historic resources:

1. **Potential to adversely affect significant archaeological resources**:

[ ]  Low [ ]  Moderate [ ]  High

**Is fieldwork recommended?** [ ] Yes [ ]  No

**Briefly justify the recommendation:**

Justification for recommendation of fieldwork

1. **Have you attached an Archaeological Sensitivity Map?** [ ]  Yes [ ]  No
2. **Summary of previously reported archaeological sites and surveys:**

Previously reported archaeological sites and surveys

1. **Summarize past and present land use:**

Summary of past and present land use

1. **If archaeological fieldwork has been conducted, please attach a copy of the report copy and provide full report reference here**:

Full report reference

1. **Provide the name and qualifications of the person who provided the information for the Archaeology section:**

**Name:** Name of archaeologist **Agency/Firm:** Archaeologist’s agency or firm

Is the person a 36CFR Part 61 Qualified Archaeologist? [ ]  Yes [ ]  No

Are their credentials currently on file with the SHPO? [ ]  Yes [ ]  No

*If NO,* attach this individual’s qualifications form and resume.

***Archaeological site locations are legally protected.***

***This application may not be made public without first redacting sensitive archaeological information.***

1. **IDENTIFICATION OF CONSULTING PARTIES**
	1. **Provide a list of *all* consulting parties,** including Native American tribes, local governments, applicants for federal assistance/permits/licenses, parties with a demonstrated interest in the undertaking, and public comment:

Identify consulting parties, mailing addresses, and email addresses.

* 1. **Provide a summary of consultation with consultation parties:**

Summary of consultation with parties other than the SHPO

* 1. **Provide summaries of public comment and the method by which that comment was sought:**

Public comment summary

1. **DETERMINATION OF EFFECT**

**Guidance for applying the Criteria of Adverse Effect can be found in *the Instructions for the Application for SHPO Section 106 Consultation Form*.**

* 1. **Basis for determination of effect**:

Provide an explanation for your determination; if historic properties are present, explain why the criteria of adverse effect were or were not applicable.

* 1. **Determination of effect**

[ ]  **No historic properties will be affected**

[ ]  **Historic properties will be affected** and the project will (check one):

[ ] have **No Adverse Effect** on historic properties within the APE.

[ ] have an **Adverse Effect** on one or more historic properties in the APE and the federal agency, or federally authorized representative, will consult with the SHPO and other parties to resolve the adverse effect under 800.6.

[ ]  **More Information Needed:** We are initiating early consultation. A determination of effect will be submitted to the SHPO at a later date, pending results of survey.

Federally Authorized Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type or Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTACHMENT CHECKLIST**

**Identify any materials submitted as attachments to the form:**

[ ]  Additional federal, state, local government, applicant, consultant contacts

[ ]  Maps of project location

 Number of maps attached: number of maps

[ ]  Site Photographs

 [ ] Map of photographs

[ ]  Plans and specifications

[ ]  Other information pertinent to the work description: Identify the type of materials attached

[ ]  Updated documentation of previously identified historic properties

[ ]  New Architectural Properties Identification Forms

[ ] Map showing the relationship between identified historic properties, your project footprint, and project APE

[ ]  Above-ground qualified person’s qualification form and resume

[ ]  Above-ground survey report

[ ]  Archaeological sensitivity map

[ ]  Archaeology survey report

[ ]  Archaeologist and Historian qualifications and resume- if not on file already.

[ ]  Other: Identify other attached materials