***This application is for individual housing demolitions only. Projects that include demolition and new construction, or demolition of large building complexes, must be submitted using our standard Application for SHPO Section 106 Consultation.***

1. **GENERAL INFORMATION**

[ ]  New submittal [ ]  More information for SHPO ER# SHPO Project #

* 1. **Project Name:** Project name
	2. **Project Township/Range/Section**: Township/Range/Section
	3. **Project Municipality:** Project municipality
	4. **Project Address** (*if applicable*): Project street address
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

1. **Email:** Consultant’s email Phone: Consultant’s phone number
2. **PROJECT INFORMATION**
	1. **Project Location Maps:** Please include the following maps this form.

[ ] Street map, clearly displaying the direct and indirect APE boundaries (properties to be demolished).

[ ] USGS topographic map with project boundaries

* Name(s) of topo map(s): Name(s) of topo map(s)
	1. **Address of property with resources to be demolished:** Address
	2. **Brief Description of the project site, including size (in acres or square feet) and any previous ground disturbance:**

Describe the project site, size, and previous ground disturbance.

**Archaeology**

* 1. **Description of the Undertaking, including length, width, and depth of any ground disturbing activities.** Summary Undertaking and new ground disturbance
	2. **Attach supplemental information (*if available)* such as site plans, photos, & archaeological reports.**
	3. **If an Archaeological Consultant was contacted, provide the name and qualifications of the person**

**who provided the information:**

**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

**Above-ground Properties**

* 1. **Attach photos of the structure(s) proposed for demolition. If the photos are numerous, it may be necessary to include a photo log keyed to a map.**
	2. **Construction year.** Year [ ]  Circa
	3. **Attach the property’s history, which may include information such as previous residents, architect, builder, and alteration dates.**
	4. **If a Historian Consultant was contacted, provide the name and qualifications of the person**

**who provided the information:**

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

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

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

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

1. **DETERMINATION OF EFFECT**
	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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_