



PROJECT REVIEW FORM

Request to Initiate SHPO Consultation on State and Federal Undertakings

SHPO USE ONLY
DATE RECEIVED:
ER NUMBER:

REV: 10/2014

SECTION A: PROJECT NAME & LOCATION

Is this a new submittal?	YES	NO	OR	This is additional information for ER Number:
Project Name				County
Project Address				Municipality
				City/State/ Zip

SECTION B: CONTACT INFORMATION & MAILING ADDRESS

Name	Phone
Company	Fax
Street/PO Box	Email
City/State/Zip	

SECTION C: PROJECT DESCRIPTION

This project is located on: (check all that apply)	Federal property	State property	Municipal property	Private property
List all federal and state agencies and programs providing funds, permits, licenses.	Agency Type	Agency/Program/Permit Name	Project/Permit/Tracking Number (if applicable)	

Proposed Work – Attach project description, scope of work, site plans, and/or drawings

Project includes (check all that apply):	Construction	Demolition	Rehabilitation	Disposition
Total acres of project area:	Total acres of earth disturbance:			
Are there any buildings or structures within the project area?	Yes	No	Approximate age of buildings:	
Does this project involve properties listed in or eligible for the National Register of Historic Places, or designated as historic by a local government?	Yes	No	Unsure	Name of historic property or historic districts

Please print and mail completed form and all attachments to: PHMC State Historic Preservation Office 400 North St. Commonwealth Keystone Building, 2 nd Floor Harrisburg, PA 17120-0093	Attachments – Please include the following information with this form
	Map – 7.5' USGS quad showing project boundary and Area of Potential Effect
	Description/Scope – Describe the project, including any ground disturbance and previous land use
	Site Plans/Drawings – Indicate the location and age, if known, of all buildings in the project area
	Photographs – Attach prints or digital photographs showing the project site, including images of all buildings and structures keyed to a site plan

SHPO DETERMINATION (SHPO USE ONLY)

<input type="checkbox"/> There are NO HISTORIC PROPERTIES in the Area of Potential Effect	<input type="checkbox"/> The project will have NO ADVERSE EFFECTS WITH CONDITIONS (see attached)
<input type="checkbox"/> The project will have NO EFFECT on historic properties	<input type="checkbox"/> SHPO REQUESTS ADDITIONAL INFORMATION (see attached)
<input type="checkbox"/> The project will have NO ADVERSE EFFECTS on historic properties:	
SHPO REVIEWER: _____	DATE: _____