

This form must be submitted to the SHPO for Section 106 Determinations

Identify funding source for project(s)			
Project Description (use attachment if necessary)			
Township	Range	Section	¼ Section
Street Address (if there is no street system, use lot, block and addition (never USPS Box Number, Route Number, etc.))			
<input type="checkbox"/> Attach Map: Plot APE on map (city map or USGS topographic map for rural areas)			
Areas Indirectly Affected: Attach location and maps for affected areas outside APE, (i.e., borrow sources, disposal areas, relocation sites, facilities to be abandoned, etc.)			
Year Built (use the oldest part of the building, do not give age as "50"+)			
<p>Requirements for buildings/structures 50+ years or if age unknown:</p> <input type="checkbox"/> Digital or 35mm photos: Take obliquely (showing front & side) of each building/structure. If rehabilitation is involved, send photo close-ups of affected areas such as windows or doors. Send actual photos, not photocopies. <p>Historic Associations: Describe associations between the property and any persons/events of historic significance. List references (local historian, centennial book, etc.)</p>			
<p>Based on the information collected, the type of SHPO concurrence you are requesting (check one only):</p> <input type="checkbox"/> No Historic Properties Affected <input type="checkbox"/> No Adverse Effect (If rehab of historic properties will occur, review the Secretary of Interiors Standards for Rehabilitation of Historic Properties prior to developing a work plan. Note - For Historic Properties, a No Adverse Effect determination requires conforming with the Secretary of Interiors Standards.) <input type="checkbox"/> Adverse determination Effect (A MOA will be prepared)			

FOR SHPO USE ONLY
No Historic Properties Affected

The described undertaking will not affect any historic properties, per 36CFR800.4(d). If the project description changes, this recommendation is void.

Review and Compliance Coordinator	Date	SHPO Number
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Additional Information: Send additional information relevant to the Section 106 determination. If the project involves properties listed on, or eligible for the National Register, additional information may be required.

Send form with all attachments to:

Attn: Review and Compliance
 ND State Historic Preservation Office
 612 E. Boulevard Ave.
 Bismarck, ND 58505-0830

RETURN FORM TO

Name	Agency	Telephone Number	
Address	City	State	ZIP Code
Signature		Date	