

APPENDIX B – CHECK LIST FOR SHPO REVIEW OF HOUSING REHAB PROJECTS
(send with consultation cover letter)

1. OWNER/OWNERS: _____

2. PROJECT DESCRIPTION (use attachment if desired):

3. LOCATION (Note: Do not use PO Box mailing address!):
A. Street Address: _____
(use Lot-Block-Addition only if community has no addressing system)

B. If rural: T____ N ____ R____ W Sec. _____ Q,QQ,QQQ: _____ Q=Quarter Section)

4. YEAR BUILT (use earliest part of home): _____

5. MAP OF PROJECT AREA _____ (check)

6. PHOTO (clear 35mm/digital; no Polaroids/photocopies) _____ (check)

7. CLOSE-UP PHOTO of doors/windows/historic features to be affected _____(check)

8. ORIGINAL OWNER’S NAME: _____

9. ARCHITECT/BUILDER’S NAME (if known): _____

10. DESCRIBE ALL KNOWN PAST STRUCTURAL ALTERATIONS:

11. HISTORIC ASSOCIATIONS: Describe associations of the property with persons or events of national, state, or local historic significance. List references – owner, local historian, centennial book, etc. (use attachment if desired)

