

State Form 55031 (R2 / 3-23)
Indiana Department of Natural Resources
Division of Historic Preservation and Archaeology, Indiana State Historic Preservation Office (SHPO)



Please complete this form and attach it to the front of all submittals, along with any reports or supplemental materials you are providing to the Indiana DHPA for review. Please note that archaeological forms and reports shall be submitted in SHAARD, separate from structural information since archaeological site locations are confidential and not for public disclosure.

| Date (month, day, year):  |                |               |                     |  |  |  |
|---|----------------|---------------|---------------------|--|--|--|
| <ul> <li>☐ This is a new submittal.</li> <li>☐ This is revised/additional information relating to DHPA number</li></ul> |                |               |                     |  |  |  |
| THIS REVIEW REQUEST SUBMITTED BY:   |                |               |                     |  |  |  |
| Name:   |                |               |                     |  |  |  |
| Company/Organization:   |                |               |                     |  |  |  |
| Address (number and street):  |                |               |                     |  |  |  |
| City:   | State:         |               | ZIP:                |  |  |  |
| Telephone number:   |                | E-mail addres | S:                  |  |  |  |
| PROJECT NAME & LOCATION [Please attach a  | a map with loo | cation(s) mar | ked]                |  |  |  |
| Project Name/Reference:   |                |               | Project/Des Number: |  |  |  |
| Project Address/Location:   |                |               |                     |  |  |  |
| City:   | To             | ownship(s):   |                     |  |  |  |
| County/Counties:  |                |               |                     |  |  |  |
| Section/Township/Range:   |                |               |                     |  |  |  |
| Latitude/Longitude:   |                |               |                     |  |  |  |
| STATE OR FEDERAL AGENCY INVOLVEMENT   | <u>r</u>       |               |                     |  |  |  |
| Agency:   | P              | rogram:       |                     |  |  |  |
| Type of funds, license, or permit to be obtained (if appl   | licable):      |               |                     |  |  |  |
| Name of Agency Contact:   |                |               |                     |  |  |  |
| Address (number and street):  |                |               |                     |  |  |  |
| City:   | State:         |               | ZIP:                |  |  |  |
| Telephone number:   |                | E-mail addres | s:                  |  |  |  |

| APPLICANT (If different than Feder<br>agency.  | ai Agericy) ii avaliable, pieas                                       |                                 |                       |  |
|--|---|---------------------------------|-----------------------|--|
| Applicant:   |   |                                 |                       |  |
| Name of Contact:   |   |                                 |                       |  |
| Address (number and street):   |   |                                 |                       |  |
| City:  | State:  | ZIP:                            |                       |  |
| elephone number:   | E-m   | E-mail address:                 |                       |  |
| ADDITIONAL CONTACT (IF APPLIC  | ABLE)   |                                 |                       |  |
| lame of Contact:   |   |                                 |                       |  |
| Organization/Agency:   |   |                                 |                       |  |
| address (number and street):   |   |                                 |                       |  |
| Dity:  | State:  | ZIP:                            |                       |  |
|  | E-m   | ail address:                    |                       |  |
| Project Description – This should incluproject, such as all aspects of new const (temporary roads, etc.), as applicable. A available yet, please explain and include | truction, replacement/repair, der<br>ttach report or additional pages | nolition, ground disturbance, a | nd all ancillary work |  |
| project, such as all aspects of new const<br>(temporary roads, etc.), as applicable. A   | truction, replacement/repair, der<br>ttach report or additional pages | nolition, ground disturbance, a | nd all ancillary work |  |

| Please explain the basis for your determination.   |
|--|
| ☐ Adverse Effect - The proposed undertaking will result in an adverse effect to one or more historic properties and the applicant, or other federally authorized representative, will consult with the SHPO and other consulting parties to resolve the adverse effect per 36 CFR 800.6. Attach necessary documentation, as described at 36 CFR 800.11, with a proposed plan to resolve adverse effect(s).   |
| ■ No Adverse Effect – The proposed undertaking will have no adverse effect on one or more historic properties located within the project APE under 36 CFR 800.5. Attach necessary documentation, as described at 36 CFR 800.11.  |
| □ <b>No Historic Properties Affected –</b> (i.e., none are present or there are historic properties present but the project will have neffect upon them). Attach necessary documentation, as described at 36 CFR 800.11.   |
| <u>FINDINGS</u> – Please note that a finding should only be submitted when the agency/delegatee believes it is appropriate or one has been requested by our office. Only those who represent the Federal Agency or an official delegatee of the federal agency are authorized to make findings of effect for an undertaking.   |
| SHAARD report number   |
| For an archaeological report submitted in SHAARD, please indicate the SHAARD report number (i.e. AR-xx-xxxxxx).  |
| If an archaeological investigation has been conducted for this project, the resulting report and site forms (if applicable) must be submitted in the State Historic Architectural and Archaeological Research Database (SHAARD) by the qualified archaeologist. DO NOT attach the archaeology report here.   |
| ARCHAEOLOGICAL INVESTIGATION   |
| agricultural tilling generally does not have a serious enough impact on archaeological sites to constitute a disturbance of the ground for this purpose.   |
| Ground Disturbing Activity – This should include a detailed description of all proposed horizontal and vertical ground disturbance in relation to the project as well as any known previous and current land use, condition, and disturbances. Attach additional pages if necessary. Indicate if the project does not include any ground disturbing activities. Please note that agricultural tilling generally does not have a serious enough impact on archaeological sites to constitute a disturbance of the |

| Authorized Signature:  | Date (month, day, year):  |
|--|---|
| Type or print name:  |   |
| Organization/Agency:   |   |
| Please note that incomplete submissions may result in  | delays. To ensure an expeditious review, please be sure that  |
| the following has been provided:   | rdelays. To ensure an expeditious review, please be sure that   |
| ☐ Completed Review Request Submittal Form  |   |
| ☐ Letter of authorization from Federal agency/agencies (   | f applicable)   |
| Typical consulting parties would include the county histor   | ave been invited to participate and copies of any responses received. ian, local historical society, the appropriate regional office of Indiana panizations, tribes, local government and the general public.   |
| ☐ Map of project location with project area(s) and Area of arrow, aerial maps are preferable and areas of previous a shown. Please indicate if any of the project area is located. | Potential Effects (APE) clearly marked, streets labeled and a north and proposed ground disturbance within the project area should be ed on state or federal property.  |
| the APE. (PDF format, no more than two (2) photographs   | PE, including any buildings or structures fifty (50) years or older within<br>s per page). For large project areas/APEs, photo size may be<br>roved file sharing or ftp site. Contact DHPA for current list of  |
| existing buildings and locations of any ground disturbanc  | ist be labeled with north arrow, clearly indicate proposed changes to<br>e on site plans. Include both existing and proposed drawings/plans<br>by a DHPA approved file sharing or ftp site and/or hard copies no  |
| DHPA home page) to locate known historic resources in submission should include (in summary form) a list of the  | ects should consult the SHAARD database (access available on the the project area and APE. For any identified resources, the properties identified, including address, the site/reference number atus (National Register) of each property, and a current photograph. |
| ☐Archaeological report and site forms (if applicable) subm   | itted in SHAARD for DHPA review. Do not attach to this form.  |
| ☐ Projects using State of Indiana funds to alter, demolish Certificate of Approval (SF 52889).   | or remove a historic site or structure, include Application for a   |
|  |   |

The thirty (30) day review period, as specified in 36 CFR part 800.3(c)(4), begins from the date that we receive the complete submission.

**Return this Form and Attachments to:** 

Indiana Department of Natural Resources
Division of Historic Preservation and Archaeology
402 W. Washington Street, Room W274
Indianapolis, Indiana 46204

http://www.in.gov/dnr/historic