

**VIRGINIA DEPARTMENT OF HISTORIC RESOURCES
INSTRUCTIONS FOR COMPLETING THE PROJECT REVIEW APPLICATION**

This application may be completed for all projects that will be funded, assisted, or licensed by a Federal Agency. It is intended for **all** persons who are seeking the comments of the State Historic Preservation Officer (SHPO) on behalf of a federal agency or in cases where an applicant is seeking the SHPO's comments in response to the requirements of the federal agency (e.g. the U.S. Army Corps of Engineers).

The completed application and a photocopy of a USGS topographic map (or a section, clearly labeled with the quad name) must be submitted along with any necessary photographs and/or plans. The department recommends that this form be completed even in cases where project information is included in a separate document (e.g. an Environmental Impact Statement), although such documents may be attached if they provide an important part of the project description.

Under Section 106 of the National Historic Preservation Act, the SHPO has 30 days, after receipt of all necessary information, to provide comments on a project. Accurate and complete responses will help to provide a timely review. If you do not receive a response within 25 days of submittal, you may call to determine the status of the project.

**VIRGINIA DEPARTMENT OF HISTORIC RESOURCES
PROJECT REVIEW FORM**

This application may be completed for all projects that will be federally funded, licensed, or assisted. **Allow 30 days from receipt for the review of a project. All information on the form must be completed before review of a project can begin.**

DHR Use Only

Date

Received: _____

GENERAL INFORMATION

1. **Project Name:** _____
2. **Project Location (City or County):** _____
3. **Federal Agency (providing funding, assistance, license, or permit):** _____

4. **Agency Contact Person, Address, and Phone:** _____

5. **Other Federal Agencies involved (include names and addresses of contacts):** _____

6. **Name and Firm of Applicant:** _____

7. **Address and Phone Number of Applicant:** _____

DESCRIPTION AND LOCATION

A photocopy of a 7.5 minute USGS topographic quadrangle, or a clearly labeled portion thereof, showing the exact boundaries of the project area must be attached to the application. The map should not be reduced or enlarged.

8. **USGS Quadrangle Name:** _____
9. **Number of acres included in the project:** _____
10. **Has this project been previously reviewed by the DHR?**
Yes: _____ No: _____ Do Not Know: _____ (If yes, give the DHR file no., if known
_____)
11. **Have any architectural or archaeological surveys of the area been conducted?**
Yes: _____ No: _____ Do Not Know: _____
(If yes, list author, title, date of the report _____)

12. Project Description

A. Explain any ground disturbance that might occur (e.g. excavating for sewer or utility installations, digging footings, grading roads, or developing erosion controls). Describe existing land use within the project area (e.g. plowed, residential, forest, etc.). Mention any previous modifications (e.g. grading, plowing, filling). _____

B. Are any structures more than 50 years old within or adjacent to the project area?
Yes: _____ No: _____ Do Not Know: _____
(A photograph of each structure over 50 years of age keyed to the USGS quad within or adjacent to the project area must be submitted.)

C. Does the project involve the rehabilitation, alteration, removal, or demolition of any structure, building, designed site (e.g. park, cemetery), or district that is 50 years or older?
Yes: _____ No: _____ Do Not Know: _____
(If yes, describe extent of alterations to property. Attach additional page(s) if necessary.)

To the best of my knowledge, I have accurately described the proposed project and its likely impacts.

Signature of Applicant/Agent

Date

When completed, send this form and all required attachments to the address below. If you have any questions, please contact the Division of Resource Services and Review at (804) 367-2323, ext.106.

Department of Historic Resources
Division of Resource Services and Review
2801 Kensington Avenue
Richmond, VA 23221

This space for DHR response only:	
Comments _____	

Signature _____	Date _____
Phone Number _____	DHR File No. _____