

CULTURAL REVIEW REQUESTSTATESTATE HISTORICAL SOCIETY OF NORTH DAKOTAHISTORICALARCHAEOLOGY AND HISTORIC PRESERVATION (NDSHPO)SOCIETYSFN 62578 (10/2024)

Send Completed Form to shsculturalreview@nd.gov or by mail to

State Historical Society of North Dakota Archaeology and Historic Preservation Attn: Review and Compliance 612 E. Boulevard Ave. Bismarck, ND 58505-0830

Items marked with asterisk (*) are required. Projects cannot be reviewed unless these items are complete.

Name							
Organization of	or Affiliation (if any)					
Phone numbe	r						
Address							
City				State 2		Zip Code	
Email Address	5						
SHSND/SHPO ID				Date*			
Project/Under	taking Name	*		1			
Type of Project Permit/Funding □ State □ Federal				Name of State/Federal Agency*			
Name of Agency Contact for Project				Title of Agency Contact for Project			
Location of Pr	oject/Area o	f Potential E	ffects (APE)*				
Township	Range	Section	Street Address		City		State
	1	1	1				

Has consultation with SHSND/SHPO been previously initiated for	this project?
□ Yes	

□ No

Approximate Date of Previous Consultation

Previous Consultation Initiated by

Describe the Project and/or Undertaking and Nature of State/Federal Agency Involvement*

Describe the Area of Potential Effects (APE)/Project Location*

 Indicate additional Items included with submission File Search and Class I Results Manuscript/Class III Cultural Resources Report Section 106 consultation correspondence Maps, photographs, drawings, and/or plans Additional historic property information Other: 	If Manuscript/Class III Report is included with this submission, please indicate Items included with manuscript (all items are required for report review)
FOR SHSND/SHPO USE ONLY No Historic Properties Affected No Adverse Effect Adverse Effect Survey Recommended Other:	 No Significant Sites Significant Sites in Area (map attached) Adverse Effect to Significant Sites Other:

□ We concur with the above determination, if the project description changes, this concurrence is void. □ Additional information is requested, please see attached letter.

In response, please reference SHSND/SHPO#

ND State Historic Preservation Officer/SHSND Director or designated representative	Date
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