

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 |
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| 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 |
|--|------|
|--|------|