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| **REQUEST FOR UWSA REVIEW AND COMMENT ON A UNIVERSITY UNDERTAKING** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Complete this form for each project in a campus building that is on the UWSA inventory. Provide project details and submit one copy for each action for which review is requested and send to the **UWSA Historic Preservation Officer: Maura Donnelly** <mdonnelly@uwsa.edu>. Attach supporting material providing detail of the proposed scope of work such as a work order, Small Project Request, AAPR, etc. Include drawings or photos of existing conditions. Complete only the areas highlighted in yellow. The Agency Historic Preservation Officer will do the rest. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **I.** | **GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **This is a new submittal.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **This is supplemental information related to another project:** | | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| a. | Institution/Campus: | | | | | UW-? | | | | | | | | | | | | | | | | | | | | | |
| b. | Institution Contact Person: | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| c. | Phone: |  | | | | Fax: | |  | | | | | |  | | | | | | | | | | | | | |
| d. | Return Address: | | | |  | | | | | | | | | | | | | | | Zip Code: | | | | |  | | |
| e. | Email Address: | | | |  | | | | | | | Project Number: | | | | |  | | | | | | | | | | |
| f. | Project Name: | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| g. | Building Name:  Project Street Address | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| h. | County: |  | | | | | City: | | |  | | | | | | | | | | | Zip Code: | | | | |  | | |
| i. | Project Location: | | | Township: | |  | Range: | | |  | E | | | | W | Section: | |  | | | | Quarter Section: | | | | |  |
| j. | Project Narrative Description – Attach information as necessary. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| k. | Area of Potential Effect (APE). Attach Copy of U.S.G.S. 7.5 Minute Topographic Quadrangle Showing APE. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **II.** | **IDENTIFICATION OF HISTORIC PROPERTIES** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Historic Properties are not located within the project APE. Attach supporting materials. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Historic Properties are located within the project APE. Attach supporting materials. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **III.** | **FINDINGS** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | No historic properties will be affected (i.e., none is present or there are historic properties present but the project will have no effect upon them). Attached necessary documentation. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | The proposed undertaking will have an effect on one or more historic properties located within the project APE.  Attach necessary documentation, as described. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Authorized Signature: | | |  | | | | | | | | | | | | | | | | Date: | | | |  | | | | |
| Type or Print Name: | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **IV.** | **AGENCY HISTORIC PRESERVATION OFFICER COMMENTS** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Agree with the finding in Section III above. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | The proposed undertaking will result in an adverse effect to one or more historic properties and will require SHPO review. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Requires negotiation with the institution to resolve the adverse effects. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Object to the finding for reasons indicated in attached memo. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Cannot review until information is sent as follows: | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Authorized Signature: | | |  | | | | | | | | | | | | | | | | Date: | | | | |  | | | |
| UW System HPO | | | Maura A. Donnelly | | | | | | | | | | | | | | | |  | | | | |  | | | |