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| HP-05-10 (05/17/2007) | | | | | For SPO Use Only Case # | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **REQUEST FOR SHPO REVIEW AND COMMENT ON A STATE UNDERTAKING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Wis. State Process 44.40 Form) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Submit one copy with each undertaking for which comment is requested. Please print or type. Return to:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wisconsin Historical Society, Division of Historic Preservation and Public History, 816 State Street, Madison, WI 53706 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please Check All Boxes and Include All of the Following Information, as Applicable:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I.** | **GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **This is a new submittal.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **This is supplemental information related to Case #** | | | | | | | | | | |  | | | **and Title** | | | |  | | | | | | | | | | | |
|  | **This project is being undertaking pursuant to the terms and conditions of a programmatic or other interagency agreement.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **The title of the agreement is** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| a. | State Agency Jurisdiction (agency providing funds, assurance, license, permit) | | | | | | | | | | | | | | | | | University of Wisconsin System | | | | | | | | | | | | |
| b. | State Agency Contact Person: | | | | | Maura Donnelly -- Historic Preservation Officer | | | | | | | | | | | | | | | | | | | | | | | | |
| c. | Phone: | 608-263-5742 | | | | Fax: | | | 608-262-5316 | | | | | | |  | | | | | | | | | | | | | | |
| d. | Return Address: | | | | 780 Regent Street # 239, Madison, WI | | | | | | | | | | | | | | | | | | | Zip Code: | | | | 53715-2635 | | |
| e. | Email Address: | | | | mdonnelly@uwsa.edu | | | | | | | | | Project Number: | | | | | |  | | | | | | | | | | |
| f. | Project Name:  Building Name: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. | 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: | | | Maura Donnelly | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **IV.** | **STATE HISTORIC PRESERVATION OFFICE COMMENTS (N/A)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Agree with the finding in Section III above. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | The proposed undertaking will result in an adverse effect to one or more historic properties. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | WHS requires negotiation with the state agency to resolve the adverse effects. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Object to the finding for reasons indicated in attached letter. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Cannot review until information is sent as follows: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Authorized Signature: | | |  | | | | | | | | | | | | | | | | | | | Date: | | | | |  | | | |