**Submit one application for each project for which comment is requested. Consult the *Instructions for the Application for HRD Section 106 Consultation Form* when completing this application. Once application form is complete please submit via:** [**https://app.smartsheet.com/b/form/1faa296eedac476a9fbf2ef1916ddb99**](https://app.smartsheet.com/b/form/1faa296eedac476a9fbf2ef1916ddb99)**, along with any supplemental attachments, up to 250MB.**

1. **GENERAL INFORMATION** [ ]  New submittal

[ ]  More information relating to and existing project

* 1. **Project Name:** Project name
	2. **Project Municipality**: Project municipality
	3. **Project Address**: Project street address
1. **FEDERAL AGENCY INVOLVEMENT AND RESPONSE CONTACT INFORMATION**
2. **State Agency Contact (*if applicable*):** Name of state agency

**Contact Name:** Name of state agency contact

**Contact Address:** State agency contact’s mailing address **City:** State contact’s city **Zip:** State contact’s zip code

**Email:** State contact’s email **Phone:** State contact’s phone #

1. **Applicant (if different than federal agency):** Name of Applicant’s agency/firm

**Contact Name:** Applicant contact’s name

**Contact Address:** Applicant contact’s mailing address **City:** Applicant’s city **State:** Applicant contact’s state **Zip:** Applicant contact’s zip code

**Email:** Applicant contact’s email **Phone:** Applicant contact’s phone #

1. **Consulting Firm (if applicable):** Name of firm

Contact Name: Name(s) of consultants

Contact Address: Consultant’s mailing address **City:** Consultant’s city **State:** Consultant’s State **Zip**: Consultant’s zip code

**Email:** Consultant’s email Phone: Consultant’s phone number

1. **PROJECT INFORMATION**
	1. **Project Location and Area of Potential Effect (APE)**
		1. **Maps.** Please indicate all maps that will be submitted as attachments to this form.

[ ] Street map, clearly displaying the direct and indirect APE boundaries

[ ] Site map

[ ] USGS topographic map Name(s) of topo map(s): Name(s) of topo map(s)

[ ] Aerial map

[ ] Map of photographs

[ ] Other: Identify type(s) of map(s)

* + 1. **Site Photographs**
		2. **Describe the APE:**

Description of APE

* + 1. **Describe the steps taken to define the boundaries of the APE:**

Describe how the boundaries of the APE were chosen

* 1. **Project Work Description**

Describe all work to be undertaken as part of the project:

Describe the work to be done for the project.

1. **IDENTIFICATION OF HISTORIC PROPERTIES**
	1. **Scope of Effort Applied**
		1. **List sources consulted for information on historic properties in the project area** (including but not limited to SHPO office and/or other locations of inventory data).

Sources consulted for information on historic properties

* + 1. Provide documentation of previously identified sites as attachments.
		2. **Provide a map** showing the relationship between the previously identified properties and sites, your project footprint and project APE.
		3. Have you reviewed existing site information at the SHPO: [ ] Yes [ ]  No
		4. Have you reviewed information from non-SHPO sources: [ ] Yes [ ]  No
	1. **Identification Results**
		1. **Above-ground Properties**

Attach the appropriate [Michigan SHPO Identification Form](https://www.miplace.org/historic-preservation/research-resources/forms-library/) for each resource or site 50 years of age or older in the APE. Refer to the *Instructions for the Application for SHPO Section 106 Consultation Form* for guidance on this.

**Provide the name and qualifications of the person who made recommendations of eligibility for the above-ground identification forms.**

**Name** Name **Agency/Consulting Firm:** Name of agency or consulting firm

Is the individual a 36CFR Part 61 Qualified Historian or Architectural Historian [ ]  Yes [ ]  No

Are their credentials currently on file with the SHPO? [ ]  Yes [ ]  No

*If NO* attach this individual’s qualifications form and resume.

* + 1. **Archaeology** (complete this section if the project involves temporary or permanent ground disturbance)

Submit the following information using attachments, as necessary.

1. **Attach Archaeological Sensitivity Map.**
2. **Summary of previously reported archaeological sites and surveys:**

Previously reported archaeological sites and surveys

1. **Town/Range/Section or Private Claim numbers:** town/range/section or private claim #s
2. **Width(s), length(s), and depth(s) of proposed ground disturbance(s):** Width, length, depth of proposed ground disturbance
3. **Will work potentially impact previously undisturbed soils?** [ ]  Yes [ ]  No

***If YES,* summarize new ground disturbance:**

Summary of new ground disturbance

1. **Summarize past and present land use:**

Summary of past and present land use

1. **Potential to adversely affect significant archaeological resources**:

[ ]  Low [ ]  Moderate [ ]  High

**For moderate and high potential, is fieldwork recommended?** [ ]  Yes [ ]  No

**Briefly justify the recommendation:**

Justification for recommendation of fieldwork

1. **Has fieldwork already been conducted?** [ ]  Yes [ ]  No

***If YES:***

[ ]  Previously surveyed; refer to A. and B. above.

[ ]  Newly surveyed; attach report copies and provide full report reference here:

Full report reference

1. **Provide the name and qualifications of the person who provided the information for the Archaeology section:**

**Name:** Name of archaeologist **Agency/Firm:** Archaeologist’s agency or firm

Is the person a 36CFR Part 61 Qualified Archaeologist? [ ]  Yes [ ]  No

Are their credentials currently on file with the SHPO? [ ]  Yes [ ]  No

*If NO,* attach this individual’s qualifications form and resume.

***Archaeological site locations are legally protected.***

***This application may not be made public without first redacting sensitive archaeological information.***

1. **DETERMINATION OF EFFECT**

**Guidance for applying the Criteria of Adverse Effect can be found in *the Instructions for the Application for SHPO Section 106 Consultation Form*.**

* 1. **Basis for determination of effect**:

Provide an explanation for your determination; if historic properties are present, explain why the criteria of adverse effect were or were not applicable.

* 1. **Determination of effect**

[ ]  **No historic properties will be affected**

[ ]  **Historic properties will be affected** and the project will (check one):

[ ] have **No Adverse Effect** on historic properties within the APE.

[ ] have an **Adverse Effect** on one or more historic properties in the APE and the federal agency, or federally authorized representative, will consult with the SHPO and other parties to resolve the adverse effect under 800.6.

Applicant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type or Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTACHMENT CHECKLIST**

**Identify any materials submitted as attachments to the form:**

[ ]  Additional federal, state, local government, applicant, consultant contacts

[ ]  Maps of project location

 Number of maps attached: number of maps

[ ]  Site Photographs

 [ ] Map of photographs

[ ]  Plans and specifications

[ ]  Other information pertinent to the work description: Identify the type of materials attached

[ ]  Documentation of previously identified historic properties

[ ]  Architectural Properties Identification Forms

[ ] Map showing the relationship between the previously identified properties, your project footprint, and project APE

[ ]  Above-ground qualified person’s qualification form and resume

[ ]  Archaeological sensitivity map

[ ]  Survey report

[ ]  Archaeologist qualifications and resume

[ ]  Other: Identify other attached materials