

DAHP USE ONLY
Date Received:
DAHP Log #:
Reviewer(s):
<input type="checkbox"/> ARCHY <input type="checkbox"/> BEU



PROJECT REVIEW SHEET

Request to initiate consultation for Governor's Executive Order 05-05, Special Legislative Projects and/or Section 106 projects

EZ/PROJECT REVIEW FORM

New Consultation? YES NO ADDITIONAL INFORMATION PROVIDED PER REQUEST

Questions?

Contact DAHP at 0505@dahp.wa.gov or 106@dahp.wa.gov (360) 586-3065. You may also find answers to your questions online at www.dahp.wa.gov/0505.

SECTION 1: PROJECT INFORMATION

Project Title:	Provide 1-2 sentence summary of the project.	
Property Name: <i>if applicable</i>		
Project Address:		
City / State / Zip:	County:	Township / Range / Section: <i>leave blank if unsure</i>

SECTION 2: PROJECT DESCRIPTION

Project includes (check all that apply): NEW CONSTRUCTION DEMOLITION GROUND DISTURBANCE REHABILITATION / RENOVATION ACQUISITION

Does the project involve any buildings, objects, sites, structures or districts that are over 45 years old? YES NO NOT SURE *Contact DAHP Check here if the project involves multiple resources. If so, attach a table including all information in Sections 1 and 2 for each resource.

Does the project involve any properties determined eligible for or listed in the National Register of Historic Places or Washington Heritage Register? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE	Is the building, structure or site already recorded in WISAARD? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE <small>[!] See Note *Contact DAHP</small>	If Yes, what is the Property ID # or Site #? _____	[!] If the resource is not recorded in WISAARD, please complete. Go to www.dahp.wa.gov/wisaard for more information. Check the box when complete.
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Are there any Federal funds, lands, permits, or licenses involved in/required by this project? YES NO NOT SURE If Yes, what Federal Agency? _____

What is the nature of your request? (Check all that apply) PREDESIGN DESIGN CONSTRUCTION APPLYING FOR GRANT / LOAN TRYING TO GET UNDER CONTRACT NOT SURE

SECTION 3: STATE AGENCY INFORMATION

State Agency:	Grant / Loan Program Name:	<input type="checkbox"/> Direct Appropriation?
Contact Person:	Phone:	e-mail:
Funding biennium?	Requested grant / loan amount:	Total project amount:

SECTION 4: CONTACT INFORMATION

If different from State Agency contact person.

Submitter Name:	Submitter Organization:
Submitter Address:	City / State / Zip:
Submitter Phone:	Submitter e-mail:

SECTION 5: ATTACHMENTS

Please email completed form and all attachments to:
0505@dahp.wa.gov or **106@dahp.wa.gov**

<input type="checkbox"/> MAP / APE - Be sure to show the project boundary and location of property(ies). See Section 7 on Page 3 for optional template. May also submit online through WISAARD using eAPE.	<input type="checkbox"/> SITE PLAN / DRAWINGS - Indicate location and dates of resources, proposed improvements and ground disturbance, etc.
<input type="checkbox"/> DESCRIPTION / SCOPE OF WORK - Describe the project, including any ground disturbance. See Section 6 on Page 2 for optional template.	<input type="checkbox"/> PHOTOGRAPHS - Attach digital photographs showing the project site, including images of all resources. Photos submitted through WISAARD may suffice.

DAHP DETERMINATION (DAHP USE ONLY)

<input type="checkbox"/> EXEMPT from GEO 05-05 review.	<input type="checkbox"/> The project will have an ADVERSE IMPACT on historic properties.	DAHP REVIEWER _____
<input type="checkbox"/> There are NO HISTORIC PROPERTIES IMPACTED by the proposed project.	<input type="checkbox"/> DAHP requires ADDITIONAL INFORMATION in order to complete review (see attached).	
<input type="checkbox"/> The project will have NO ADVERSE IMPACT on historic properties.	<input type="checkbox"/> SURVEY REQUIRED <input type="checkbox"/> IDP REQUIRED	DATE _____
	<input type="checkbox"/> MONITORING REQUIRED	

Instructions: Please describe the type of work to be completed. Be as detailed as possible to avoid a request for additional information. Be sure to describe all ground disturbing activities in the appropriate box below, and provide photos of areas of work.

SECTION 6: ADD'L PROJECT INFORMATION

NOTE: To save this fillable form you must fill it out in Adobe Acrobat or use the PRINT to PDF function in Acrobat Reader. In Reader choose File > Print and choose Adobe PDF as the printer. The fill will save to your computer.

Please be aware that this form may only initiate consultation. For some projects, DAHP may require additional information to complete our review such as plans, specifications, and photographs. An historic property inventory form may need to be completed by a qualified cultural resource professional.

Provide a detailed description of the proposed project:

Describe the existing project site conditions (include building age, if applicable):

If there are ground disturbing activities proposed, describe them *including the approximate depth of ground disturbance*:



Instructions: Please attach a MAP of the project area. (Use WISAARD with USA Topo Basemap background. Click [HERE](#) for Snipping Tool Tutorial. Draw an outline of the Area of Potential Effect (APE) that clearly delineates the project boundary.

SECTION 7: MAP / Area of Potential Effect

**CLICK IN THIS BOX TO ADD A MAP
MAP MUST BE IN JPEG FORMAT**

**SEE LINK ABOVE TO INSTRUCTIONS FOR CREATING A JPEG MAP
WITH THE SNIPPING TOOL FOR WINDOWS**