



**STATE HISTORIC PRESERVATION OFFICE  
SECTION 106 PROJECT INFORMATION FORM (PAGE 1 OF 2)**

Submission of a completed Project Information Form with adequate information and attachments constitutes a request for a review pursuant to Section 106 of the National Historic Preservation Act of 1966 (as amended). We reserve the right to request more information. **Please refer to the CHECKLIST on Page 2 to ensure that all basic information relevant to the project has been included.** For further information, refer to our website at: <http://dnr.mo.gov/shpo> and follow the links to Section 106 Review.

**NOTE:** Section 106 regulations provide for a 30-day response time by the Missouri State Historic Preservation Office from the **date of receipt**.

PROJECT NAME		
FEDERAL AGENCY PROVIDING FUNDS, LICENSE, OR PERMIT	OTHER INVOLVED AGENCY	
CONTACT PERSON	TELEPHONE	
CONTACT EMAIL – (this will be used for digital response regarding your project)		
CONTACT ADDRESS		
CITY	STATE	ZIP

**LOCATION OF PROJECT**

COUNTY	STREET ADDRESS	
CITY	LATITUDE/LONGITUDE	UTM – NORTHING/EASTING (include datum)

**LEGAL DESCRIPTION OF PROJECT AREA (TOWNSHIP, RANGE, SECTION, 1/4 SECTION)**

TOWNSHIP	RANGE	SECTION
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**PROJECT INFORMATION CHECKLIST**

TO THE BEST OF YOUR KNOWLEDGE, IS THE PROJECT LOCATED IN ANY OF THE FOLLOWING?

AN AREA PREVIOUSLY SURVEYED FOR HISTORIC PROPERTIES     
 A NATIONAL REGISTER DISTRICT     
 A LOCAL HISTORIC DISTRICT

WHAT ARE THE DATES OF CONSTRUCTION OR DATES OF ADDITIONS FOR BUILDINGS OR STRUCTURES IN THE PROJECT AREA?

HAS THE GROUND INVOLVED BEEN GRADED, BUILT ON, BORROWED, OR OTHERWISE DISTURBED?       YES       NO

WILL THE PROJECT REQUIRE FILL MATERIAL?       YES       NO

IF YES, INDICATE PROPOSED BORROW AREAS (SOURCE OF FILL MATERIAL) ON PROJECT AREA MAP

ARE YOU AWARE OF ARCHAEOLOGICAL SITES ON OR ADJACENT TO PROJECT AREA?       YES       NO

IF YES, IDENTIFY THEM ON THE TOPOGRAPHIC MAP (see additional requirements)



**PROJECT DESCRIPTION**

DESCRIBE THE OVERALL PROJECT IN DETAIL. IF IT INVOLVES EXCAVATION, INDICATE HOW WIDE, HOW DEEP, ETC. IF THE PROJECT INVOLVES DEMOLITION OF EXISTING BUILDINGS, MAKE THAT CLEAR. IF THE PROJECT INVOLVES REHABILITATION, DESCRIBE THE PROPOSED WORK IN DETAIL. USE ADDITIONAL PAGES IF NECESSARY.

**ADDITIONAL REQUIREMENTS**

**Map Requirements:** Attach a map depicting the project area, **and**, if necessary, a large scale project map. If project involves **ground disturbance**, the project footprint must be clearly delineated on the map. Please do not send an individual map with each structure or site. While a topographic map is preferred, a map from online map providers is acceptable. For a list of sites from which to order, download or print the required USGS 7.5 min. topographic maps at little or no cost, consult <http://dnr.mo.gov/shpo/sectionrev.htm>.

**Photography Requirements:** Clear black and white or color photographs (minimum 3" x 5") are acceptable. Polaroids, photocopies, emailed or faxed photographs are not acceptable. Images do not need to be printed on photo paper, standard 8x11 paper is fine. **Clear and good quality photographs are important for expeditious project review.** Photographs of neighboring or nearby buildings are also helpful. All photographs should be labeled and keyed to one map of the project area. Images captured from Google Earth are not acceptable as they fail to provide the most current view of the area.

**DID YOU PROVIDE THE FOLLOWING INFORMATION?**

- PROJECT AREA MAP (per project, not structure)
- THOROUGH PROJECT DESCRIPTION (ALL PROJECTS)
- PHOTOGRAPHS OF ALL STRUCTURES AND OVERVIEW PHOTOGRAPHS FOR ARCHAEOLOGY  
**NOTE:** all photographs should be labeled and keyed to one map of the project area
- OTHER SUPPORTING DOCUMENTS  
(If necessary to explain the project)
- FOR NEW CONSTRUCTION, REHABILITATIONS, ETC., ATTACH WORK WRITE-UPS, PLANS, DRAWINGS, ETC.
- DATES OF CONSTRUCTION OF STRUCTURES IN THE PROJECT AREA

**RETURN THIS FORM AND ATTACHMENTS TO:**

MISSOURI DEPARTMENT OF NATURAL RESOURCES  
STATE HISTORIC PRESERVATION OFFICE  
Attn: Section 106 Review  
P.O. BOX 176  
JEFFERSON CITY, MISSOURI 65102-0176