

SECTION 106 CLEARANCE
NORTH DAKOTA DEPARTMENT OF COMMERCE/DCS
 SFN 52654 (12/14)

THIS FORM MUST BE SUBMITTED TO THE SHPO FOR SECTION 106 DETERMINATIONS	
Identify funding source for project(s): _____	
Project Description: (use attachment if necessary)	
Location: Rural Areas: Township _____, Range _____, Section _____, 1/4 Section _____ Cities - Street Address _____ (Only if there is no street system, use lot, block and addition (never USPS Box #, Route #, etc.))	
Attach Map: Plot APE on map (city map or USGS topographic map for rural areas): Attached: _____ (check)	
Areas Indirectly Affected: Attached location and maps for affected areas outside APE, (i.e., borrow sources, disposal areas, relocation sites, facilities to be abandoned, etc.)	
Year Built: _____ (use the oldest part of the building, do not give age as "50"+)	
Requirements for buildings/structures 50+ years or if age unknown:	
Digital or 35mm photos: Take obliquely (showing front & side) of each building/structure. If rehabilitation is involved, send photo close-ups of affected areas such as windows or doors. <u>Send actual photos, not photocopies.</u> _____ (check)	
Historic Associations: Describe associations between the property and any persons/events of historic significance. List references (local historian, centennial book, etc.)	
Based on the information collected, the type of SHPO concurrence you are requesting (check one only):	
<input type="checkbox"/> No Historic Properties Affected <input type="checkbox"/> No Adverse Effect (If rehab of historic properties will occur, review the Secretary of Interiors Standards for Rehabilitation of Historic Properties prior to developing a work plan. Note - For Historic Properties, a No Adverse Effect determination requires conforming with the Secretary of Interiors Standards.) <input type="checkbox"/> Adverse determination Effect (A MOA will be prepared)	
FOR SHPO USE ONLY:	
No Historic Properties Affected	
The described undertaking will not affect any historic properties, per 36CFR800.4(d). If the project description changes, this recommendation is void.	
Review and Compliance Coordinator _____ for Claudia J. Berg, ND SHPO	
Date _____ In Response Please Reference: SHPO# _____	
Additional Information: Send additional information relevant to the Section 106 determination. If the project involves properties listed on, or eligible for the National Register, additional information may be required. Send form with all attachments to: Ms. Claudia J. Berg Attn: Review and Compliance ND State Historic Preservation Office 612 E. Boulevard Ave. Bismarck, ND 58505-0830	Form should be returned to: _____ Name _____ Agency & Phone Number _____ Address _____ City, State, Zip _____ Signature Date