

NESHPO Use Only	
Date Received	HP Number

Submission of a completed Project Information Form with adequate information and attachments constitutes a request for review per applicable program guidelines. Grant assistance involving the “preservation, restoration, conversion, rehabilitation, or reuse of a historic building or district requires Applicants to submit a project review request to the State Historic Preservation Office. The State Historic Preservation Officer shall evaluate the work as proposed in the application to determine whether it conforms to the United States Secretary of the Interior’s Standards for the Treatment of Historic Properties.” Such determinations are finalized with this form. Applicants must include this form and any attachments thereof to notify DED of the determination. “Subsequent to this determination, if the work does not conform to such standards, the project is not eligible for state aid (non-federal aid).”  
 Submit the completed form to [HN.HP@nebraska.gov](mailto:HN.HP@nebraska.gov).

PROJECT NAME (if applicable)		PROJECT NUMBER (if applicable)
PROJECT’S STREET ADDRESS (NO P.O. Box Numbers)	City	COUNTY
STATE AGENCY PROGRAM		
CONTACT PERSON	ADDRESS, CITY, STATE ZIP	TELEPHONE
EMAIL (for response)		
<b>PROJECT DESCRIPTION</b> Briefly describe the overall project.		
<b>STRUCTURES (rehabilitation, demolition, additions to or construction near existing structures)</b> To the best of your knowledge, is the structure located in any of the following? <input type="checkbox"/> An area previously surveyed for historic properties. <input type="checkbox"/> A National Register District <input type="checkbox"/> A Local Landmark District If yes, please provide the name of the survey or district. _____		
If known, please provide a brief history of the building(s), including construction dates and building uses.		
<b>PHOTOGRAPHS</b> Please provide photographs of all structures. Photographs of neighboring or nearby buildings are helpful. Go to page 2 to insert photo(s).		

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#### Nebraska SHPO Determination

- |  |  |
|--|--|
| <input type="checkbox"/> There are <b>No Historic Properties</b> in the area of potential effect | <input type="checkbox"/> The project will have <b>No Adverse Effect with Conditions</b>      |
| <input type="checkbox"/> The project will have <b>No Effect</b> on historic properties           | <input type="checkbox"/> The project will have <b>Adverse Effects</b> on historic properties |
| <input type="checkbox"/> The project will have <b>No Adverse Effect</b> on historic properties   | <input type="checkbox"/> <b>The SHPO requests additional information</b>                     |

Review & Compliance Coordinator  
 State Historic Preservation Office, Nebraska State Historical Society

Date

