MISSOURI DEPARTMENT OF NATURAL RESOURCES

FOR SHPO USE ONLY				
SHPO PROJECT NUMBER	SHPO LOG NUMBER			

REVIEW AND COMPLIANCE INFORMATION FORM (PAGE 1 OF 3) Have you ever served on active duty in the Armed Forces of the United States and separated from such service	SHPO LOG NU	
	SHFO LOG NO	MBER
under conditions other than dishonorable?	YES	☐ NO
Would you like to receive information and assistance regarding the agency's veteran services? For information visit http://mostateparks.com/CitizensMilitaryService , or send an email to moparks@dnr.mo.gov or call 800-344-6946.	YES	☐ NO
Submit one application for each project for which comment is requested. Consult the <u>Instructions for Completion of the Review and Completors</u> when completing this application. Submission of a completed Review and Compliance Information Form with adequate information a constitutes a request for review pursuant to Section 106 or 110 of the National Historic Preservation Act of 1966 (as amended). We reserve request more information. Please refer to the CHECKLIST on Page 3 to ensure that all basic information relevant to the project has For further information, refer to our website at http://mostateparks.com/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 receivants.	and attachn /e the right s been incl	nents to
I. REVIEW TYPE		
☐ Section 106 ☐ Section 110 ☐ Courtesy Review		
II. SUBMISSION TYPE		
☐ New Submission ☐ Existing Project (Provide Existing Project Number)		
Does this submission include a cultural resource investigation report? (If yes, you must include a <i>Cultural Resource Investigation Report Form</i>)	YES	☐ NO
Does this submission include architectural plans and/or construction documents (If yes, include them in your submission)?	YES	☐ NO
Is this submission related to a programmatic agreement (PA) or memorandum of agreement (MOA)?	YES	☐ NO
If yes, provide PA or MOA Draft numberor MOA or PA Mitigation Stipulation number		
III. PROJECT INFORMATION		
PROJECT NAME (include any agency assigned project numbers and please do not include applicants' names)		
PROJECT DESCRIPTION (additional information may be provided in separate sheets)		
PROJECT DESCRIPTION (additional information may be provided in separate sheets)		
PROJECT DESCRIPTION (additional information may be provided in separate sheets) IV. PROJECT LOCATION		
IV. PROJECT LOCATION		
IV. PROJECT LOCATION STREET ADDRESS CITY STATE ZIP	RANGE	
IV. PROJECT LOCATION STREET ADDRESS CITY STATE ZIP	RANGE	
IV. PROJECT LOCATION STREET ADDRESS CITY STATE ZIP COUNTY LATITUDE/LONGITUDE SECTION TOWNSHIP	RANGE	
IV. PROJECT LOCATION STREET ADDRESS CITY STATE ZIP COUNTY LATITUDE/LONGITUDE SECTION TOWNSHIP V. PROJECT CONTACT INFORMATION	RANGE	
IV. PROJECT LOCATION STREET ADDRESS CITY STATE ZIP COUNTY LATITUDE/LONGITUDE SECTION TOWNSHIP V. PROJECT CONTACT INFORMATION PROJECT CONTACT NAME PROJECT CONTACT ORGANIZATION	RANGE	
IV. PROJECT LOCATION STREET ADDRESS CITY STATE ZIP COUNTY LATITUDE/LONGITUDE SECTION TOWNSHIP V. PROJECT CONTACT INFORMATION PROJECT CONTACT NAME PROJECT CONTACT ORGANIZATION PROJECT CONTACT EMAIL PHONE (EXT.)	RANGE	
IV. PROJECT LOCATION STREET ADDRESS CITY STATE LATITUDE/LONGITUDE SECTION TOWNSHIP V. PROJECT CONTACT INFORMATION PROJECT CONTACT NAME PROJECT CONTACT ORGANIZATION PROJECT CONTACT EMAIL PHONE (EXT.) STATE ZIP	RANGE	
IV. PROJECT LOCATION STREET ADDRESS CITY STATE ZIP COUNTY LATITUDE/LONGITUDE SECTION TOWNSHIP V. PROJECT CONTACT INFORMATION PROJECT CONTACT NAME PROJECT CONTACT ORGANIZATION PROJECT CONTACT EMAIL PHONE (EXT.) STREET ADDRESS CITY STATE ZIP VI. FEDERAL INVOLVEMENT Does this project involve approval, funding, permit, or license from a	RANGE	tt section)
IV. PROJECT LOCATION STREET ADDRESS CITY COUNTY LATITUDE/LONGITUDE SECTION TOWNSHIP V. PROJECT CONTACT INFORMATION PROJECT CONTACT NAME PROJECT CONTACT ORGANIZATION PROJECT CONTACT EMAIL PHONE (EXT.) STREET ADDRESS CITY VI. FEDERAL INVOLVEMENT Does this project involve approval, funding, permit, or license from a	(Skip to nex	tt section)



MISSOURI DEPARTMENT OF NATURAL RESOURCES

DIVISION OF STATE PARKS

STATE HISTORIC PRESERVATION OFFICE REVIEW AND COMPLIANCE INFORMATION FORM (PAGE 2 OF 3)

VII. CONTACTS FOR CC (please indicate all individuals to Cc for SHPO response letter)									
CONTACT NAME	ORGANIZATION	E	MAIL						
CONTACT NAME	ORGANIZATION	E	MAIL						
CONTACT NAME	ORGANIZATION	E	MAIL						
VIII. IDENTIFICATION OF HISTORIC PROPE	 RTIES: ARCHAEOLOG	GY .							
VIII. IDENTIFICATION OF HISTORIC PROPERTIES: ARCHAEOLOGY Does this project involve ground-disturbing activity									
(including staging and borrow areas)?		YES (Please complete th	is section) 🔲 NO 📮	☑ WILL SUBMIT LATER					
DESCRIBE THE NATURE OF GROUND-DISTURBING ACTIVITY, IN	CLUDING BUT NOT LIMITED TO	DEPTH, WIDTH, AND LENGTH							
DESCRIBE THE PREVIOUS AND CURRENT LAND USE, CONDITION	ONS, AND DISTURBANCES								
Will the project require fill material?		☐ YES (If yes, indicate born	ow areas on project area r	nap) 🖵 NO					
Are you aware of archaeological sites on or adjacent to the project area?									
IX. IDENTIFICATION OF HISTORIC PROPERTIES: BUILDINGS AND STRUCTURES									
Does the project area or APE include buildings, structures, objects, or designed landscape features (such as parks or cemeteries)?									
ADDRESS AND RESOURCE NAME OR NUMBER			DATE OF CONSTRUCTION	DATES OF ADDITIONS					
If there are more resources include a separate page	identifying this informatio	n.							
If there are more resources include a separate page Is the project area or APE within or adjacent to a pro		n. □YES							
	operty or district that is		/N						
Is the project area or APE within or adjacent to a pro	operty or district that is	☐YES	/N						
Is the project area or APE within or adjacent to a pro- listed in or eligible for listing in the National Register	operty or district that is	☐YES	/N						
Is the project area or APE within or adjacent to a prolisted in or eligible for listing in the National Register X. DETERMINATION OF EFFECT	operty or district that is of Historic Places?	☐YES	/N						
Is the project area or APE within or adjacent to a prolisted in or eligible for listing in the National Register X. DETERMINATION OF EFFECT No Historic Properties Affected	operty or district that is of Historic Places?	☐YES	on One or More Historic Frally Authorized Represent	ative, will Consult with the					
Is the project area or APE within or adjacent to a prolisted in or eligible for listing in the National Register X. DETERMINATION OF EFFECT No Historic Properties Affected Historic Properties Will Be Affected and the Properties No Adverse Effect on Historic	operty or district that is of Historic Places?	YES UNKNOW UNKNOW Have an ADVERSE EFFECT the Federal Agency, or Fede	on One or More Historic Frally Authorized Represent	ative, will Consult with the					
Is the project area or APE within or adjacent to a prolisted in or eligible for listing in the National Register X. DETERMINATION OF EFFECT No Historic Properties Affected Historic Properties Will Be Affected and the Properties Will Be Affected Affecte	operty or district that is of Historic Places?	YES UNKNOW UNKNOW Have an ADVERSE EFFECT the Federal Agency, or Fede	on One or More Historic Frally Authorized Represent	ative, will Consult with the					
Is the project area or APE within or adjacent to a prolisted in or eligible for listing in the National Register X. DETERMINATION OF EFFECT No Historic Properties Affected Historic Properties Will Be Affected and the Properties Will Be Affected Affecte	operty or district that is of Historic Places?	YES UNKNOW UNKNOW Have an ADVERSE EFFECT the Federal Agency, or Fede	on One or More Historic Frally Authorized Represent	ative, will Consult with the					



MISSOURI DEPARTMENT OF NATURAL RESOURCES

DIVISION OF STATE PARKS

STATE HISTORIC PRESERVATION OFFICE REVIEW AND COMPLIANCE INFORMATION FORM (PAGE 3 OF 3)

XI. 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, other styles of maps are acceptable.

Photography requirements: Recent photographs of the complete exterior elevations of the building(s). Good quality photographs are important for expeditious project review. Our office does not accept images from online image servers (e.g., Google Earth or Maps) due to the time elapsed between the image capture and the project date. Photographs of neighboring or nearby buildings should also be submitted. All photographs should be labeled and keyed to a map of the project area. Images should be at a minimum of 300 pixels per inch or 1200 x 1800 pixels. Please provide clear recent photographs to aid in the assessment of effects for this project.

the assessment of effects f	for this project.		·	, , ,	
CHECKLIST: DID YOU	PROVIDE THE FOLLOWIN	NG INFORMATION?			
Photographs of all st archaeology (Note: a one map of the proje	scription detailing all aspects of ructures and overview photographs should be label ct area)	raphs for led and keyed to	 Other supporting documents (if necessary to explain the document) For new construction, rehabilitations, etc., attach work write-ups, plans, drawings, etc. Dates of construction of structures in project area 		
previously assigned), Proje large files, you may provide If your organization does n Missouri system by checkin	ect Title and/or Address)." Plea e this information to our office ot have access to a large-file t ng the box below:	ase note that our system via a large-file transfer s ransfer service you may		MB in size. If your submission contains P system, Dropbox, Google Drive, etc.	
FOR SHPO USE ONLY REVIEWER 1 NAME				DATE	
REVIEWER I NAME				DATE	
REVIEWER 2 NAME				DATE	
SURVEY ACREAGE					
NUMBER OF ELIGIBLE PROPERT	IES				
NUMBER OF NOT ELIGIBLE PROF	PERTIES				
ARCHAEOLOGY REVIEW DETERI	MINATION				
☐ NHPA	☐ More Info	Survey	☐ PA	Other:	
☐ NAE	☐ NRN	Monitor	☐ ATF		
☐ AE	Email	☐ MOA	☐ Continue to Con	sult	
ARCHITECTURE REVIEW DETER					
☐ NHPA	☐ More Info	☐ Survey	☐ PA	Other:	
☐ NAE	☐ NRN	☐ Monitor	☐ ATF		
L _ AE	∟ Email	□ MOA	☐ Continue to Con	sult	
STAFF COMMENTS					