

Wisconsin Department of Transportation
Determination of Eligibility Short Form for Bridges

(Revised May 2013)

Property Name(s): _____

Address/Location: _____

City & County: _____ Zip Code: _____

Town: _____ Range: _____ Section: _____

Date of Construction: _____

WisDOT Certification

As the designated authority under the National Historic Preservation Act, as amended, I hereby certify that this request for Determination of Eligibility:

___ Meets the National Register of Historic Places criteria.

___ Does not meet the National Register of Historic Places criteria.

Rebecca Burkel, WisDOT Historic Preservation Officer

Date

State Historic Preservation Office

In my opinion, the property:

___ Meets the National Register of Historic Places criteria.

___ Does not meet the National Register of Historic Places criteria.

Jim Draeger, State Historic Preservation Officer

Date

Comments (FOR AGENCY USE ONLY):

Public Owner: _____

Criteria:

_____ A (history)

_____ B (important persons)

_____ C (architecture/eng.)

_____ D (archeology)

Areas of Significance: _____

Period of Significance: _____

Significant Date: _____

Significant Person: _____

Cultural Affiliation: _____

Architect/Builder: _____

Classification:

of Contributing Structures _____

of Noncontributing Structures _____

UTM Reference:

 Zone

 Easting

 Northing

Statement of Significance: