

NATIONAL REGISTER NOMINATION SUBMISSION CHECKLIST

(7/2012)

NAME OF PROPERTY: _____

DATE: _____

WHS Reviewer Initials: _____

SECTION 1:

Historic Name of property

Yes No NA

Other Names/Site Number

Yes No NA

SECTION 2:

Yes No NA

Yes No NA

Yes No NA

Yes No NA

Yes No NA

Yes No NA

SECTION 3:

Yes No NA

Yes No NA

Yes No NA

Section 4:

For NPS only

SECTION 5:

Yes No NA

Yes No NA

Yes No NA

Number of Resources

Yes No NA

Yes No NA

Yes No NA

Yes No NA

SECTION 6:

Historic Functions

Yes No NA

Yes No NA

Current Functions

Yes No NA

Yes No NA

NOTES:

Format: Last name, comma first

N/A entered were applicable

Full address, no abbreviations

Address or boundary in historic district nomination (not "various")

N/A entered where applicable

"Wisconsin Code" as WI -- not a number

County Code (number) correct

Zip code provided

All three Blanks checked?

Federal or other signature

State Register signature

Federal owner notified

Ownership of property correct

Category Correct

Agrees with inventory

Agrees with site map

Is correct in not including previously listed property

N/A entered where applicable

Bulletin 16 Terminology [pp. 20-23]

Historic use related to significance

Bulletin 16 Terminology [pp. 20-23]

Use related to significance

SECTION 7:

Architectural Classification

Yes No NA

Bulletin 16 Terminology [pp. 25-26]

Materials

Yes No NA

Bulletin 16 Terminology [p. 27]

Building Description

Yes No NA

Setting and Site

Yes No NA

Dates of construction and alteration

Yes No NA

Style

Yes No NA

Size

Yes No NA

Foundation

Yes No NA

Materials

Yes No NA

Roof Shape

Yes No NA

Windows

Yes No NA

Details

Yes No NA

Plan

Yes No NA

Interior

Yes No NA

If altered, has impact been assessed

Yes No NA

Classification of C and NC resources

Yes No NA

ALL resources classified

Yes No NA

Rationale discussed for C and NC Status

SECTION 8:

Yes No NA

Criteria Checked [pp. 35-39]

Yes No NA

If "B" check Significant Person Blank-Format: last name, first

Yes No NA

If "D" check Cultural Affiliation Blank

Criteria Considerations

Yes No NA Discussed in text?

Criteria Considerations/Exception Checked

If so, which exception: _____

Area of Significance

Yes No NA Bulletin 16 Terminology [pp. 40-41]

Yes No NA Reflects Significance, not just use

Period of Significance (POS)

Yes No NA

POS is correct and does not predate resource

Yes No NA

POS is correct by using the date of first

contributing resource

Yes No NA

POS is correct and does not postdate 50 yrs

Or justification for extension

Yes No NA

POS is discussed in text or footnoted

Significant Date

Yes No NA

Significant Date Listed

Yes No NA

Discussed in text? OR

Yes No NA

Significant Date Footnoted

Yes No NA

All Significant Dates included in POS date(s)

Architect/Builder

Known Unknown
Yes No NA
Yes No NA

Footnoted or discussed
Format: last name, first name

Introductory Paragraph for Section 8

Yes No NA
Yes No NA
Yes No NA
Yes No NA

NOTE: Level (**national, state, or local**)
of Significance in the first paragraph of text
Criteria
Areas of Significance
Justification or Rationale

Yes No NA Significance Related to Resource

Yes No NA Historical context developed

Yes No NA Relate integrity to resource

Historic Districts

Yes No NA Preservation Activity
Yes No NA Archeological Potential

SECTION 9

Yes No NA Check footnotes, correctly numbered, etc.
Yes No NA Includes Cultural Resource Management in WI?
(NOTE: Answer should be "NA" for Shipwrecks or Archeol. sites)
Yes No NA Previous Determinations **(Was this a tax credit project?)**
Yes No NA Additional Data

SECTION 10:

Acreage

Yes No NA
Yes No NA

Precisely to nearest acre or
Less than one acre

UTM References

Checked: Yes No NA
Yes No NA
Yes No NA

NA for shipwrecks & NOAA maps
Correct? Agrees with map?
10 or more acres require 3 UTM

Verbal Boundary

Yes No NA

Accurate and specific

Boundary Justification

Yes No NA
Yes No NA
Yes No NA
Yes No NA

Well defined
Methodology
Relationship of significance and Boundary
Exclude Buffer zones

SECTION 11:

Yes No NA Complete information

PROPERTY OWNER:

Yes No Complete information

ADDITIONAL FORM and SUBMISSION DETAIL CHECK:

Form 10-900

Yes No NA Header on each page (Name of Property/County and State)

Continuation Sheets

Yes No NA Labeled with title, city, county, state

Yes No NA Numbered correctly

Sketch / Map / Attachments / Figures / Other _____

Yes No NA Labeled with title, city, county, state

Yes No NA Legend

Yes No NA Legend for Contributing and Non-Contributing

Yes No NA North Arrow

Yes No NA Scale or Not-to-scale designation

Yes No NA Shows boundary

Yes No NA Tied to photos

USGS/NOAA MAP

Yes No NA Labeled with title, city, county, state (PENCIL Only)

Yes No NA Property located and UTM's printed on map (PENCIL Only)

Yes No NA References agree with Section 10

Yes No NA No adhesive labels

Digital Submission? **Yes No NA**

Yes No NA File(s) on diskette labeled with title

Yes No NA Diskette TIFF image files labeled per NPS rules with:
State_County_Title_Sequential 4-digit nos. [ex:0001,0002 ...]

Yes No NA Diskette labeled per NPS rules /w Month & Date images captured

Yes No NA No adhesive labels

Photos

Yes No NA Labeled only /w PENCIL on back **[Do not use markers!]**

Yes No NA Labeled: photo number and total (ex: #1 of 6, #2 of 6, ...),
title, [city], county, state

Yes No NA Full photo documentation provided(either on photo or in nom)

Yes No NA Depict current resource

Yes No NA Adhesive labels are absent

Yes No NA Size: 5" x 7", or 8" x 10"

Yes No NA If label isn't "complete" check text for additional info.

SPELLING AND GRAMMAR CHECK

Yes No Using computer program

NOTE Some architectural terms will appear as errors so
review all system-suggested changes.