



REQUEST FOR SHPO REVIEW ON A COVENANT/EASEMENT PROPERTY

Submit one copy with each project for our review. Please print or type. We do not accept Electronic Submittals.

Return completed form to:
Wisconsin Historical Society
State Historic Preservation Office
816 State Street
Madison, WI 53706

Please provide the following information:

- This is a new project.
- This is supplemental information relating to Project #: _____, and Name of Project: _____

Property Name: _____ **AHI Number:** _____

- a. Name of Project: _____
- b. Project Street Address: _____
- c. County: _____ City: _____ Zip Code: _____
- d. Building Owner: _____
- e. Owner Phone: _____ Owner Email: _____
- f. Owner Return Address: _____ Zip Code: _____
- g. Project Contact Person (If different from the Owner): _____
- h. Contact Phone: _____ Contact Email: _____
- i. Contact Return Address: _____ Zip Code: _____

Project Narrative Description—Attach information as necessary, including a brief project overview, current photos of the property and construction drawings.

Authorized Signature: _____ Date: _____

Type or print name: _____

STATE HISTORIC PRESERVATION OFFICE USE ONLY

The Wisconsin Historical Society has reviewed this project and has determined that the project

- meets the Secretary of the Interior’s Standards for Rehabilitation.
- will meet the Secretary of the Interior’s Standards for Rehabilitation if the following conditions are met.
- does not meet the Secretary of the Interior’s Standards for Rehabilitation.
- WHS cannot review until additional information is sent as follows: _____

Authorized Signature: _____ Date: _____