



PROJECT REVIEW FORM

Request for Comments from the Maryland Historical Trust/
MDSHPO on State and Federal Undertakings

MHT USE ONLY	
Date Received:	Log Number:

Submit hard copy of form and all attachments to:

Section A: General Project Information Beth Cole, MHT, 100 Community Place, Crownsville, MD 21032

[Print Form](#)

Project Name County

This is a new submittal **OR** This is additional information related Project Log Number:

Section B: Primary Contact Information

Contact Name Company/Agency

Mailing Address

City State Zip

Email Phone Number Ext.

Section C: Description of Undertaking

Location - Attach a map, preferably a section of a USGS quad, showing the location and boundaries of the project

Address City/Vicinity

List all federal and state agencies / programs (funding, permits, licenses) involved in this project (e.g. Bond Bill Loan of 2009, Chapter #; Transportation Enhancement Grant; HUD/CDBG; MDE/COE permit; etc.).	Agency Type	Agency/Program/Permit Name	Project/Permit/Tracking Number (if applicable)
		<input type="checkbox"/> Federal	USNRC- Operating License R-70
	<input type="checkbox"/>		
	<input type="checkbox"/>		

Proposed Work - Attach project description, scope of work, site plans / drawings

This project includes (check all applicable): New Construction Demolition Remodeling/Rehabilitation

This project involves: State or Federal Rehabilitation Tax Credits

Properties subject to an easement held by MHT, MET, or another entity

Section D: Identification of Historic Properties

This project involves: Properties designated as historic by a local government, listed in the National Register, or included in Maryland Inventory of Historic Properties

Property/District Name

The subject property has has not been the subject of previous archeological, architectural, or historical investigations.

Please describe

Attachments Map Project Description/Scope of Work Site Plans/Drawings

Photographs - Attach prints or digital photographs showing the project site including images of all buildings and structures, preferably keyed to a site plan

Conditions - Attach a brief description of past and present conditions of the project area (wooded, mined, developed, agricultural uses, etc) including construction dates of buildings, if known.

MHT Determination MHT Reviewer: _____ Date: _____

There are **NO HISTORIC PROPERTIES** in the area of potential effect The project will have **NO ADVERSE EFFECT WITH CONDITIONS**

The project will have **NO EFFECT** on historic properties **MHT REQUESTS ADDITIONAL INFORMATION**

The project will have **NO ADVERSE EFFECT** on historic properties The project will have **ADVERSE EFFECTS** on historic properties