**State Historic Society of Iowa**

**600 East Locust Street, Des Moines, Iowa 50319-0290**

Date:

RE:

To:

SHPO has received your submittal for the above referenced project and upon cursory examination SHPO finds it lacks the necessary information for us to begin a formal review. Therefore, SHPO is returning it to you with no further action. The deficiencies in your submittal are identified in the checklist below. If you have questions, SHPO recommends that you consult your *User Manual* for further instructions. Please note that SHPO’s 30-day review period on this project has not yet begun but will commence once SHPO has received full documentation supporting your determination of effects.

**SHPO Submittal Checklist**

Cover Letter

YES NO Comprehensive descriptions of the Area of Potential Effect (APE) and Project Activities

Section I. GENERAL INFORMATION

YES NO if no, circle applicable item(s): a b c d e f

Section II: IDENTIFICATION OF HISTORIC PLACES

Archeological Review

YES NO 7.5 minutes U.S.G.S topographic quad with a name and APE clearly identified

YES NO Site plans showing limits of proposed activities or general layout

YES NO Aerial photo: zoom to project area

YES NO Description of width and depth of proposed excavation and current conditions of APE.

YES NO OSA site file search, Phase IA, or Phase I survey (per User’s Manual).

YES NO Number of acres in project.

YES NO Legal location (Section, Township, and Range).

Architecture Review

YES NO Date of original construction for the building.

YES NO Previous site information available.

YES NO Updated or new SHPO Iowa Site Inventory Forms (no other inventory forms accepted.

YES NO Photographs are in the proper format.

YES NO Photographic images are clear.

YES NO Location map with APE clearly identified.

YES NO Design specifications or detailed description in Cover Letter.

YES NO Copy of county or city assessor card record.

**Section III: APPLICANT CERTIFICATION**

YES NO if no, identify problem

No determination made Multiple Determinations made

YES NO Signed and dated by Responsible Entity below.

Signature Date