



# PROJECT REVIEW FORM

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

MHT USE ONLY	
Date Received:	Log Number:

Project Name  County

**Primary Contact:**

Contact Name  Company/Agency   
Mailing Address   
City  State  Zip   
Email  Phone Number  Ext.

**Project Location:**

Address  City/Vicinity   
Coordinates (if known): Latitude  Longitude  Waterway

**Project Description:**

List federal and state sources of funding, permits, or other assistance (e.g. Bond Bill Loan of 2013, Chapter #; HUD/CDBG; MDE/COE permit; etc.).	Agency Type	Agency/Program/Permit Name	Project/Permit/Tracking Number (if applicable)
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This project includes (check all applicable):  New Construction  Demolition  Remodeling/Rehabilitation  
 State or Federal Rehabilitation Tax Credits  Excavation/Ground Disturbance  Shoreline/Waterways/Wetlands  
Other\Additional Description:

**Known Historic Properties:**

This project involves properties (check all applicable):  Listed in the National Register  Subject to an easement held by MHT  
 Included in the Maryland Inventory of Historic Properties  Designated historic by a local government  
 Previously subject to archeological investigations  
Property\District\Report Name

**Attachments:**

All attachments are required. Incomplete submittals may result in delays or be returned without comment.

Aerial photograph or USGS Quad Map section with location and boundaries of project clearly marked.  
 Project Description, Scope of Work, Site Plan, and/or Construction Drawings.  
 Photographs (print or digital) showing the project site including images of all buildings and structures.  
 Description of past and present land uses in project area (wooded, mined, developed, agricultural uses, etc).

**MHT Determination:**

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

MHT Reviewer:  Date:

Submit printed copy of form and all attachments by mail to: Beth Cole, MHT, 100 Community Place, Crownsville, MD 21032