**NOTE: This application form is for State Reviews of solar/wind/BESS utility projects only. If this project is a federal undertaking, please submit an *Application for SHPO Section 106 Consultation Form* instead*.***

Submit one application for each project for which comment is requested. This application allows SHPO to review projects that may undergo siting certification with the MPSC under PA 233 as applicable. **Consult** **SHPO’s *Instructions for the Application for PA 233 Renewable Energy and Energy Storage Facility Siting* when completing this application.** This consultation and the considerations under the National Historic Preservation Act are under SHPO’s discretion**.**

**Submit application materials online at** [**www.michigan.gov/shposection106**](http://www.michigan.gov/shposection106)**.**

1. **GENERAL INFORMATION**

New submittal

More information relating to SHPO SR# SHPO Project #

This project is seeking a permit from the MPSC

This project is due diligence and is unknown if a MPSC permit will be required

* 1. **Project Name:** **Project name**
  2. **Project Location(s):**

If there is more than one location for your project, additional rows may be added to the table below.Township, Range, Section/Private Claim refer to the public land survey sections. Each Township/Range group must have its own row in the table below and must include the corresponding county and municipal unit.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **County** | **Municipality** | **Street Address** | **Township (N/S)** | **Range (E/W)** | **Section(s) or Private Claim** |
| County | City, Village, or Township | Street Address, if applicable | Township | Range | Section(s) or Private Claim # |

1. **CONTACT INFORMATION**
2. **Applicant:** Name of Applicant’s agency/firm

**Contact Name:** Applicant contact’s name

**Contact Address:** Applicant contact’s mailing address **City:** Applicant’s city **State:** Applicant contact’s state **Zip:** Applicant contact’s zip code

**Email:** Applicant contact’s email **Phone:** Applicant contact’s phone #

1. **Consulting Firm (if applicable):** Name of firm

Contact Name: Name(s) of consultants

Contact Address: Consultant’s mailing address **City:** Consultant’s city **State:** Consultant’s State **Zip**: Consultant’s zip code

**Email:** Consultant’s email Phone: Consultant’s phone number

1. **PROJECT INFORMATION**
   1. **Project Work Description**

Describe all work to be undertaken as part of the project:

Describe the work to be done for the project.

* 1. **Project Location and Vicinity**
     1. **Maps.** Please indicate all maps that will be submitted as attachments to this form.

Street map, clearly displaying the project boundaries and survey areas

Site map

USGS topographic map Name(s) of topo map(s): Name(s) of topo map(s)

Aerial map

Map of photographs

Other: Identify type(s) of map(s)

* + 1. **Site Photographs**
    2. **Describe the project area and survey area:**

Description

* + 1. **Describe the steps taken to define the survey area:**

Description

1. **IDENTIFICATION OF HISTORIC PROPERTIES** 
   1. **Scope of Effort Applied** 
      1. **List sources consulted for information on historic properties in the project/survey areas** (including but not limited to SHPO office and/or other locations of inventory data).

Sources consulted for information on historic properties

* + 1. Provide documentation of previously identified sites as attachments.
    2. **Provide a map** showing the relationship between the previously identified properties and sites, your project footprint and survey area.
    3. Have you reviewed existing site information at the SHPO: Yes  No
    4. Have you reviewed information from non-SHPO sources: Yes  No
  1. **Identification Results** 
     1. **Above-ground Properties;**

An Architectural Reconnaissance Survey meeting the standards of the *Michigan Above-Ground Survey Manual* is required for all reviews. The survey area must be: a half (**0.5)-mile radius** from the project location(s) for **solar**; a **five** (**5) -mile** **radius** from the project locations for **wind**; and the **surrounding propertie**s for **BESS** installations. any variance must be made in consultation with SHPO in advance.

**Total number of properties surveyed** Number of Properties surveyed:

**Total number of previously identified Historic Properties in your survey area** Number of previously identified listed or eligible Properties

**Total number of newly identified properties recommended eligible for listing in the National Register of Historic Places** Number of Properties recommended eligible

**Summarize, briefly, your findings for above-ground resources**.

Brief summary of above-ground findings, including the number of buildings/districts found to be eligible and how they will/will not be affected by the undertaking.

**Attach the appropriate Michigan SHPO Architectural Identification Form for each resource or site 50 years of age or older in the survey area.**

Please utilize the appropriate district/complex and landscape forms as necessary. These projects are more likely to impact farmstead complexes and cultural landscapes.

**Provide the name and qualifications of the person who made recommendations of eligibility for the above-ground identification forms.**

**Name** Name **Agency/Consulting Firm:** Name of agency or consulting firm

Is the individual a 36CFR Part 61 Qualified Historian or Architectural Historian  Yes  No

Are their credentials currently on file with the SHPO?  Yes  No

*If NO* attach this individual’s qualifications form and resume.

* + 1. **Archaeology**

An archaeological assessment and Phase I survey is required for all project reviews. The assessment and survey must meet SHPO Archaeological Standards and encompass all areas of ground disturbance, including construction sites, access roads, laydown areas, equipment storage, etc.

1. **Indicate the level of archaeological investigation being submitted:**

Assessment (Desktop Review)  Archeological Report

1. **Width(s), length(s), and depth(s) of proposed ground disturbance(s):** Width, length, depth of proposed ground disturbance
2. **Potential to adversely impact significant archaeological resources**:

Low  Moderate  High

**Is fieldwork recommended?** Yes  No

**Briefly justify the recommendation:**

Justification for recommendation of fieldwork

1. **Have you attached an Archaeological Sensitivity Map?**  Yes  No
2. **Summary of previously reported archaeological sites and surveys:**

Previously reported archaeological sites and surveys

1. **Summarize past and present land use:**

Summary of past and present land use

1. **If archaeological fieldwork has been conducted, please attach a copy of the report copy and provide full report reference here**:

Full report reference

1. **Provide the name and qualifications of the person who provided the information for the Archaeology section:**

**Name:** Name of archaeologist **Agency/Firm:** Archaeologist’s agency or firm

Is the person a 36CFR Part 61 Qualified Archaeologist?  Yes  No

Are their credentials currently on file with the SHPO?  Yes  No

*If NO,* attach this individual’s qualifications form and resume.

***Archaeological site locations are legally protected.***

***This application may not be made public without first redacting sensitive archaeological information.***

1. **Tribal Engagement**

MPSC permitting guidance requires the applicant contact Tribes that may have an interest in the project area.

* 1. **Provide a summary of consultation with Tribal Historic Preservation Offices/Cultural Officials :**

Summary of consultation with parties other than the SHPO

1. **Public Engagement** 
   1. **Provide summaries of public comment and the method by which that comment was sought:**

Public comment summary

1. **Recommendation of Impact**

**Please have the qualified cultural professionals make a recommendation for the projects impact to historic properties. If mitigation measures are necessary, include mitigation recommendations. Please consider such items as direct impacts construction, auditory, visual, and other impacts.**

* 1. **Basis for Recommendation**:

Provide an explanation for your determination; if historic properties are present, explain why the criteria of adverse effect were or were not applicable.

* 1. **Recommendation**

**No impacts to historic properties**

**Historic properties will be impacted** and the project will (check one):

have **No Adverse Impact** on historic properties within the survey area.

have an **Adverse Impact** on one or more historic properties in the survey area

Applicant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type or Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALL ARCHAEOLGICAL SITE INFORMATION, INCLUDING SITE LOCATIONS, DECRIPTIONS, AND MAPPING, MUST BE REDACTED FROM THE FINAL REPORT AND APPLICATION BEFORE SENDING TO THE MPSC FOR REVIEW.**

**ATTACHMENT CHECKLIST**

**Identify any materials submitted as attachments to the form:**

Unanticipated Discoveries Plan (Required)

Additional federal, state, local government, applicant, consultant contacts

Maps of project location

Number of maps attached: number of maps

Site Photographs

Map of photographs

Plans and specifications

Other information pertinent to the work description: Identify the type of materials attached

Updated documentation of previously identified historic properties

New Architectural Properties Identification Forms

Map showing the relationship between identified historic properties, your project footprint, and project survey area

Above-ground survey report

Archaeological sensitivity map

Archaeology survey report

Archaeologist and Historian qualifications and resume- if not on file already.

Other: Identify other attached materials