

Tennessee Historical Commission, State Historic Preservation Office

TENNESSEE WARS COMMISSION EASEMENT PROGRAM

Project Review Request Form

Part I: Project Review Request Checklist

The checklist is intended to provide property owners and/or site managers guidance regarding the documentation required for review. All applications must be submitted at least **30 days** prior to the commencement of any proposed work. Property owners must receive written approval before commencing any work.

Please submit the Project Review Request Form including Part I: Project Review Request Checklist, and the Project Review Request Letter along with supporting documentation electronically to Nina.Scall@tn.gov.

Please keep a copy of the Checklist and the Project Review Request Form for your records. Questions may be directed to Nina Scall at Nina.Scall@tn.gov. or 615.770.1095.

Tract or Property Name:				
Property Owner Name:				
Easement Property Address:				
		County		
Phone Number and Email:		·		
Easement FA Tracking Number (if unknown leave blank):				
Is this a co-held easement?		Contact Info:		
Please check that you have included the following information as part of your complete application:				
REQUIRED:		RECOMMENDE	D (As Nece	ssary):

Part I: Project Review Checklist	Site P	lans, Renderings, Mockups (dated)		
Part II: Alteration or Addition Proposal	Produ	ct Information and Specifications		
Application	Other			
Part III: Detailed Description of Proposed Wor	rk			
Photographs				
Photography Requirements: 1. Each photo must be notated and numbered as follows "State, County, Site Name, Subject, and Photo Number." For example: TN_LincolnCounty_CampBlount_Statue Lighting Location_001.tif (or jpeg) 2. The application should contain a photo log that lists all the photographs submitted and clearly details the subject of each photo. 3. Please include a map that indicates the locations of all proposed work. Part II: Alteration or Addition Proposal Easement Property Information				
Tract or Property Name:				
Address:		County		
Property Owner Information				
Name of Current Property Owner:				
Address of Property Owner: (if different than				
property address)		Date of Purchase		
Phone and Email:				
If the application is completed by someone other than owner:				
Name of the Authorized Project Contact:				
Relationship to the Owner:				
Address of Authorized Project Contact:				
Phone Number and Email:				

Project Scope:

How is This Project Funded? Please Indicate All that Apply.	TN State Grant:
	Donated Funds Private Funds
	In Kind Donations of services or
	products:
	Other
Proposed Project Timeline:	
Proposed Start and End Dates:	
Work Item #	

Proposed Work Item:	Photo No.	Drawing No.
Will this Project Impact the Cultural Landscape or Historic Structures or Non-Historic Structures?	Include Product Informat	ion and Specifications:
Describe in Detail the Proposed Work and its Impact on the Historic Resources. Include Information on Installation:	Describe the Current Condition of the Historic Resource:	

Work Item # ____

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Signature of Owner or Authorized Representative _	
Date	