

Tennessee Historical Commission, State Historic Preservation Office

TENNESSEE WARS COMMISSION STATE-OWNED PROPERTY

Project Review Request Form

Part I: Project Review Request Checklist

The checklist is intended to provide managing partners of state-owned sites and associated friends groups guidance regarding the documentation required for a proposed project review. All applications must be submitted at least **30 days** prior to the commencement of any proposed work. Applicants 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.

Historic Site Name:		
Applicant Name:		
Applicant's Association with the Site		
Historic Site Address:		
	County	
Applicant Contact Information:		
Phone Number and Email		
FA Tracking Number (if unknown leave blank):		

Please check that you have included th	e follov	ving in	formation as pa	art of your co	mplete appli	ication:
REQUIRED:			RECOMMEN	NDED (As Ne	ecessary):	
Part I: Project Review Checklist			Site Plans, Renderings, Mockups (dated)			
Part II: Alteration or Addition Propo	Part II: Alteration or Addition Proposal		Product Information and Specifications			ons
Application			_ `			
Part III: Detailed Description of Pro	posed V	Vork	Maps			
	r		_Other			
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						
Managing Entity Information						
Name of Current Managing Entity:						
Address of Managing Entity: (if different than property address)						
				Date of Ma	•	
				Relationshi	p:	
Contact Name and Title:						1
Contact Phone and Email:						
If the application is completed by some Name of the Applicant Organization at Contact: Relationship to the Historic Site: Address of Applicant Organization:			n the Managing	g Entity:		
Phone Number and Email:						

Is the Managing Party in Support of this Application?			
Please submit a letter of support/acknowledgment from the Managing Organization.			
Project Scope:			
How is This Project Funded? Please Indicate All	TN State Grant:		
that Apply.	Federal Grant:		
	Other Grant:		
	Donated Funds		
	Private Funds		
	In Kind Donations of services or		
	products:		
	Other		
Proposed Project Timeline:			
Proposed Start and End Dates:			
Part III: Detailed Description of Proposition of Proposition and painting demolition, maintenance or repair, and painting	ement, alteration, enlargement, excavation,		
Project Scope (Give a detailed overview of the entire project. Please include specific locations, and an associated map if applicable):			

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 Information and Specifications:	
Describe in Detail the Proposed Work and its Impact on the Historic Resources. Include	Describe the Current Condition of the Historic Resource:	
Information on Installation:		
Work Item #		
Proposed Work Item:	Photo No.	Drawing No.
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Information on Installation:		

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 Information and Specifications:		
Describe in Detail the Proposed Work and its Impact on the Historic Resources. Include Information on the Installation:	Describe the Current Con Resource:	idition of the Historic	
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 Information and Specifications:		
Describe in Detail the Proposed Work and its Impact on the Historic Resources. Include	Describe the Current Condition of the Historic Resource:		

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Information on the Installation:		
Signature of Managing Organization or Applicant Organization		
Signature of Managing Organization of Applicant Organization		
Date		
Date		