

SDCL 1-19A-11.1 - PROJECT NOTIFICATION FORM

State/Local Government Entity Requesting Review

- City of _____
- County of _____
- State Agency: _____

Contact Person at Above-Listed Government Entity

Name:
Address:
Phone Number:
Email:

Project Location: _____

This property is:

- Listed individually in the State/National Register of Historic Places
- Located in a listed historic district: _____

Project Description:

Please include **photographs** of the property, including at least an overall photograph of the main façade and other features that may be impacted.

Government Official's Signature: _____

Date: _____

Mail this form and photographs to:

ATTN: Review and Compliance
State Historic Preservation Office
900 Governors Dr.
Pierre SD 57501