



TENNESSEE WARS COMMISSION

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 the following information as part of your complete application:

<u>REQUIRED:</u>	<u>RECOMMENDED (As Necessary):</u>
__ Part I: Project Review Checklist	__ Site Plans, Renderings, Mockups (dated)
__ Part II: Alteration or Addition Proposal Application	__ Product Information and Specifications
__ Part III: Detailed Description of Proposed Work	__ Maps
__ Photographs	__ Other

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 Management Relationship:	
Contact Name and Title:			
Contact Phone and Email:			

If the application is completed by someone other than the Managing Entity:

Name of the Applicant Organization and Project Contact:		
Relationship to the Historic Site:		
Address of Applicant Organization:		
Phone Number and Email:		

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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 Installation:	Describe the Current Condition of the Historic Resource:	

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:	
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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 Condition of the Historic Resource:	

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 the Installation:	
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Signature of Managing Organization or Applicant Organization _____

Date _____