THPO Project Review Form

PROJECT LOCATION
☐ Allegany ☐ Cattaraugus ☐ Oil Springs ☐ Buffalo Creek ☐ Niagara Falls ☐ Off Territory
City/Township/Village/Hamlet: _________________________
State: _______ Zip Code: __________ County: ___________
Present Landowner: __________________________________________
USGS 7 ½ Minute Series Quad Name: __________________________
Latitude/Longitude: _________________________________________

PROJECT DETAILS
Name of Project: ___________________________________________
Number of Acres: ______
Source of Funding for the Project: ___________________________
Nature of Project: __________________________________________
Existing Historic (50+ yrs.) Structures: ☐ YES ☐ NO ☐ UNKNOWN

CONTACT PERSON FOR PROJECT
Name: __________________________ Title: ______________________
Agency/Department: _________________________________________
Address: __________________ City: __________________ State: _______ Zip: ______
Phone: ___________ Cell: ___________ Fax: __________ Email: __________
Signature: __________________________________ Date: __________

PLEASE INCLUDE THE FOLLOWING MATERIALS FOR ALL PROJECTS

• Detailed Project Description
  Attach a full description of the nature and the extent of work to be undertaken as part of the project. Relevant portions of the project applications or environmental statements may be submitted. Also attach project plans if available.

• Maps
  Include maps locating the exterior boundaries, specific excavation areas, and historic (50+ yrs.) buildings within the project areas. Additionally, a general map including nearby streets and road names should be provided. Appropriate maps include topographic, architectural, USGS quadrangle and/or tax maps.

• Photographs
  Photographs may be in either black and white or color. If the project involves new construction, include photographs of the surrounding area looking out from the project site. Include photographs of any historic (50+ yrs.) structures involved. Label each exterior view to a site map and label all interior views.

SEND COMPLETE INFORMATION TO:
Seneca Nation of Indians (SNI) / Tribal Historic Preservation Officer (THPO)
90 Ohi:yo’ Way / Salamanca, NY 14779 Phone: (716) 945-1790 Fax: (716) 945-8133

For SNI THPO Use Only:
Date Received: ___________________ Site/Project Identifier: ___________________