

**Wisconsin Department of Transportation** (Revised Nov. 2015)  
**Determination of Eligibility Form for Historic Districts**

**Agency #:** \_\_\_\_\_

**WHS #:** \_\_\_\_\_

**District Name:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**City & County:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Town:** \_\_\_\_\_ **Range:** \_\_\_\_\_ **Section:** \_\_\_\_\_

**Dates of Construction:** \_\_\_\_\_

**WisDOT Certification**

As the designated authority under the National Historic Preservation Act, as amended, I hereby certify that this request for Determination of Eligibility:

\_\_\_ Meets the National Register of Historic Places criteria.

\_\_\_ Does not meet the National Register of Historic Places criteria.

**WisDOT Historic Preservation Officer**

**Date**

**State Historic Preservation Office**

In my opinion, the property:

\_\_\_ Meets the National Register of Historic Places criteria.

\_\_\_ Does not meet the National Register of Historic Places criteria.

**State Historic Preservation Officer**

**Date**

**Comments (FOR AGENCY USE ONLY):**

District name and location: \_\_\_\_\_

**Classification:**

Ownership	Type of Property:		# of Contributing	# of Non-Contributing
<input type="checkbox"/> private	_____ building(s)	-->	_____	_____
<input type="checkbox"/> public	_____ site	-->	_____	_____
If public, specify:	_____ structure	-->	_____	_____
	_____ object	-->	_____	_____
	<input checked="" type="checkbox"/> district	Total:	_____	_____

**Function/Use:**

Historic Function(s): \_\_\_\_\_

Current Function(s): \_\_\_\_\_

**Architectural Style(s):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Criteria:**

- A (history)
- B (important persons)
- C (architecture/eng.)
- D (archaeology)

**Areas of Significance:** \_\_\_\_\_

**Period of Significance:** \_\_\_\_\_

**Significant Dates:** \_\_\_\_\_

**Significant Person(s):** \_\_\_\_\_

**Cultural Affiliation:** \_\_\_\_\_

**Architect/Builder(s):** \_\_\_\_\_

**Criteria Considerations:**

- A (owned by religious institution)
- B (moved)
- C (birthplace/grave)
- D (cemetery)
- E (reconstruction)
- F (commemorative)
- G (<50 years old)

**ATTACHMENT CHECKLIST**

- Historic boundary map
- Labeled, professionally printed color photographs
- USGS map with UTM coordinates

District name and location: \_\_\_\_\_

**Property Info:**

Acreage of Property: \_\_\_\_\_

UTM Reference:

\_\_\_\_\_

_____	_____	_____	(Add others for districts)
Zone	Easting	Northing	

**Verbal Boundary Description:**

**Boundary Justification:**

**Methodology:**

*(Describe the steps taken to identify this district, including research, literature search, consultation with BEES, and documentation compiled)*

District name and location:

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**Narrative Description:**

*(Please provide a description of the district in two pages or less. Do not describe each individual building within the district.)*



District name and location: \_\_\_\_\_

**Narrative Statement of Significance:**

*(Describe the context in which you have evaluated the district and give a summary statement of significance, preferably in no more than two pages.)*

CRM Context Chapters:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The **Name** Historic District is eligible for the National Register under *Criterion X* as a significant example of **expand upon significance**.

**Include historic context below**

District name and location:

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**Bibliography:**

District name and location:

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**Determination of Eligibility Prepared By:**

Name & Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Date: \_\_\_\_\_

Sub-contracting to: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Date: \_\_\_\_\_