

Wisconsin Department of Transportation
Determination of Eligibility Form for Historic Districts

(May 2013)

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.

Rebecca Burkel, 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.

Jim Draeger, 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:

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:

Bibliography:

District name and location:

Determination of Eligibility Prepared By:

Name & Company: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Email: _____ Date: _____

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