

INTERNAL USE ONLY:
Date Rec'd:

VLITE





HSL_012516

Heat Saver Loan

SHPO Compliance Form

SECTION A: CUSTOMER INFORMAT	TION	
First Name:	Last Name:	
Daytime Phone Number:		
Email Address:		
Mailing Address:		
<u>City:</u>	State:	Zip Code:
SECTION B: CONTRACTOR INFORM	IATION	
Company Name:	Cantant Last Na	
Contact First Name:	Contact Last Na	me:
Contact Email:		
Company Mailing Address:	C. .	7: 0 1
City:	State:	Zip Code:
Daytime Phone Number:		
SECTION C: STATE HISTORIC PRESI	ERVATION ACT	
The State Historic Preservation Act (22 VSA 14) recon any historic property that is listed on the State historical, or archeological data. If an installation a district OR on Register of Historic Places, AND if to other ventilation, condenser units) that is visible disturbance, then the project plans must be submiprior to starting the installation. Applicants are explanning process to avoid any unnecessary project and submit electronic versions of your project preference is for the form and supporting docume be found at: http://accd.vermont.gov/strong_com	e or National Register of Hist affects a building more than for the installation involves installation a public right of way, Control itted to the Vermont Division accouraged to submit this format delays. To start the review part review materials to ACCOUNTS to be sent as pdf files. In	oric Places or may contain scientific, ifty years old OR located in a historic Illing anything new (ex., chimneys or OR if any installation requires ground in for Historic Preservation for review in to the Division early in the project process, please complete this Section CD.projectreview@vermont.gov. The formation on historic properties may
Site/Address:		
Site/Property Owner Name:		
Installer Name:		
Installer Email:	Phone:	

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Please	check	which category or categories apply to the property:		
		Building is more than fifty (50) years old or located in a historic district, and/or		
		Building is listed on the State or National Register of Historic Places (leave blank if unknown)		
If one or both categories above are checked, check all below that apply:				
		☐ Installation involves ground disturbance (ex.: Excavating around foundation)		
		 Installation involves installing new equipment visible from a public right of way (ex.: chimneys or other ventilation, condenser unit) 		
Please	emai	I the following information, along with this form, to the email address at the bottom of the page:		
		Project Description		
		Project Location Map and Site Map showing the location of the installation. This can be as simple as a Google map annotated by hand to show the location of ventilation or external hoppers.		
		Project Plans (if available)		
		Archeological and/or historic building reports (if available)		
		Photographs of the project area and the structures involved. For building mounted installations, please include a photograph of the entire front elevation of the house and photographs of the proposed installation area. Photographs can be annotated by hand to show the location and approximate scale of the installation.		
For Into	ernal	Use Only		
		Please email this form and supporting materials to ACCD.projectreview@vermont.gov		
		If you have questions contact: Jamie Duggan at 802-477-2288 or james.duggan@vermont.gov		

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