

950 CMR: OFFICE OF THE SECRETARY OF THE COMMONWEALTH

APPENDIX A
MASSACHUSETTS HISTORICAL COMMISSION
220 MORRISSEY BOULEVARD
BOSTON, MASS. 02125
617-727-8470, FAX: 617-727-5128

PROJECT NOTIFICATION FORM

Project Name: _____

Location / Address: _____

City / Town: _____

Project Proponent

Name: _____

Address: _____

City/Town/Zip/Telephone: _____

Agency license or funding for the project (list all licenses, permits, approvals, grants or other entitlements being sought from state and federal agencies).

Agency Name

Type of License or funding (specify)

Project Description (narrative):

Does the project include demolition? If so, specify nature of demolition and describe the building(s) which are proposed for demolition.

Does the project include rehabilitation of any existing buildings? If so, specify nature of rehabilitation and describe the building(s) which are proposed for rehabilitation.

Does the project include new construction? If so, describe (attach plans and elevations if necessary).

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APPENDIX A (continued)

To the best of your knowledge, are any historic or archaeological properties known to exist within the project's area of potential impact? If so, specify.

What is the total acreage of the project area?

Woodland _____ acres	Productive Resources:
Wetland _____ acres	Agriculture _____ acres
Floodplain _____ acres	Forestry _____ acres
Open space _____ acres	Mining/Extraction _____ acres
Developed _____ acres	Total Project Acreage _____ acres

What is the acreage of the proposed new construction? _____ acres

What is the present land use of the project area?

Please attach a copy of the section of the USGS quadrangle map which clearly marks the project location.

This Project Notification Form has been submitted to the MHC in compliance with 950 CMR 71.00.

Signature of Person submitting this form: _____ Date: _____

Name: _____

Address: _____

City/Town/Zip: _____

Telephone: _____

REGULATORY AUTHORITY

950 CMR 71.00: M.G.L. c. 9, §§ 26-27C as amended by St. 1988, c. 254.