**(2006)**

**Wisconsin Department of Transportation**

**Determination of Eligibility Form for Historic Districts**

**Agency #:**

|  |  |
| --- | --- |
| **WHS #:** |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **District Name:** | |  | | | | | | | |
| **Location:** | |  | | | | | | | |
| **City & County:** | |  | | | | | **Zip Code:** | |  |
| **Town:** |  | | **Range:** |  | **Section:** |  | |

|  |  |
| --- | --- |
| **Dates of Construction:** |  |

|  |
| --- |
| **Certification:**  As the designated authority under the National Historic Preservation Act, as amended, I hereby certify that this request for Determination of Eligibility meets does not meet the National Register of Historic Places criteria. |
|  |
| Signature of Certifying Official/Title Date |
|  |
| State or Federal Agency and Bureau |
| In my opinion, the property meets does not meet the National Register criteria. |
|  |
| Signature of Commenting Official/Title Date |

Division of Historic Preservation/Public History

Wisconsin Historical Society

816 State Street

Madison, WI 53706

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Classification:** | | | | | | | | | |
| Ownership | |  | Type of Property: | |  |  | # of Contributing |  | # of Non-Contributing |
|  | private |  |  | building(s) |  | --> |  |  |  |
|  | public |  |  | site |  | --> |  |  |  |
| If public, specify: | |  |  | structure |  | --> |  |  |  |
|  |  | object |  | --> |  |  |  |
|  | **X** | district |  | Total: |  |  |  |

|  |  |
| --- | --- |
| **Function/Use:** |  |
| Historic Function(s): |  |
| Current Function(s): |  |

|  |  |
| --- | --- |
| **Architectural Style(s):** |  |
|  |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criteria:** | | | | |
|  | A (history) |  | **Areas of Significance:** |  |
|  | B (important persons) |  | **Period of Significance:** |  |
|  | C (architecture/eng.) |  | **Significant Dates:** |  |
|  | D (archaeology) |  | **Significant Person(s):** |  |
|  |  |  | **Cultural Affiliation:** |  |
|  |  |  | **Architect/Builder(s):** |  |

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

**ATTACHMENT CHECKLIST**

Historic boundary map

Labeled, black-and-white photographs

USGS map with UTM coordinates

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Property Info:** | | | | | | |
| Acreage of Property: | |  | | | |  |
| UTM Reference: |  |  |  |  |  |  |
|  | Zone |  | Easting |  | Northing | (Add others for districts) |

**Verbal Boundary Description:**

**Boundary Justification:**

**Methodology:**

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

**Narrative Description:**

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

**Properties within the District:**

*(Please include each property within the district in the table.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Address** | **Historic Name** | **Date** | **AHI #** | **Status** |
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**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**Bibliography:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Determination of Eligibility Prepared By:** | | | | | |
| Name & Company: |  | | | | |
| Address: |  | | | Phone: |  |
| City: |  | State: |  | Zip: |  |
| Email: |  | | | Date: |  |
|  |  |  |  |  |  |
| Sub-contracting to: |  | | | | |
| Address: |  | | | Phone: |  |
| City: |  | State: |  | Zip: |  |
| Email: |  | | | Date: |  |