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| **Consulting Firm:**  | **Applicant:**  |
| **Contact Name & Address:**      | **Consultant Project #** | **TCNS ID #** |
| **Contact Email Address:**  | **Contact Phone:**  |
| **Subject:** *(e.g., Proposed Small Cell Light Pole Replacement; 5G)*      |
| **Structure Project Name/Number**      | **Structure Address (Street, City, County):**      |
| **Total Height Including Appurtenances:**      | **Pole Height:**      | **Age of Pole or Structure Attached To:** |
| **Direct APE (Total Dimensions/Acres):**      | **Visual APE (radius):** |
| **Name of Historic District or Neighborhood Project in which Structure is Located:**      |
| **Project Type:** [ ]  New Construction[ ]  Replacement Pole - Original Height:      [ ]  Collocation (no ground disturbance)[ ]  Collocation (with ground disturbance) | **Type of Survey Conducted** [ ]  Class I and Visual Assessment Only:[ ]  Class III Survey: [ ]  Building Inventory: |
| **Direct APE:**Cultural Resources Present? **[ ]  Yes or [ ]  No**Historic Properties Present (Unevaluated or Eligible)? **[ ]  Yes or [ ]  No** |
| **Visual APE:**Historic Properties Present (Unevaluated or Eligible? **[ ]  Yes or** **[ ]  No** |
| **FCC Finding of Effect (Check one)****Direct APE – Finding of Effect** [ ]  No Historic Properties Affected[ ]  No Adverse Effect[ ]  Conditional No Adverse Effect (monitoring) | **FCC Finding of Effect (Check one)****Visual APE – Finding of Effect**[ ]  No Historic Properties Affected[ ]  No Adverse Effect[ ]  Adverse Effect |
| **Consulting Firm Signature and Date:** |
| **SHPO Response** |