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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** | | | | |