**U.S. Department of Energy Historic Preservation Review Request**

**Homes to be weatherized with funds from the U.S. Department of Energy (DOE) Weatherization Assistance Program (WAP) which are 45 years old or older are subject to review by the DOE and may require consultation with the respective State Historic Preservation Office (SHPO) in accordance with Section 106 of the National Historic Preservation Act. DOE reviews that do not require SHPO consultation could take two weeks once complete information is received. Consultation with the SHPO, if determined appropriate by DOE, can take thirty (30) days for review, once complete information is received by the SHPO**. **Additional information may be requested based on the level of detail provided in this form, by DOE and/or the SHPO.**

**INSTRUCTIONS**: Complete steps **#1-#16** below. Steps **#15 and #16** require you to insert high quality photos into this document.

When completed save form to the client file and submit the form in its original format to your Project Officer of Record. Use **“Historic Preservation Review Request**” as the subject line.

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| **#1** Energy Auditor:  | **#2** Street Address: | **#3** City: | **#5** County: | **#6** State: | **#7** Zip Code: |
| Enter name | Enter Address | Enter City | Enter County | Enter State | Enter Zip Code |

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| **#8** | If home is in a rural area, provide Global Positioning System (GPS) coordinates or description of location: Click here to enter text. |
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| **#9** | Year built (indicate if you are estimating the year built): |  Click here to enter text. |
| **#10** | **Item(s) planned for repair, replacement, or installation with DOE funding:** | **Description of the activity.** For each activity, describe the method of the repair, replacement or installation, the location of the activity (e.g. attic, walls, foundation), and any required modifications to the dwelling and or its components associated with the activity. |
| [ ]  Insulation  | Click here to enter text. |
| [ ]  Air Sealing  | Click here to enter text. |
| [ ]  Window Treatments (e.g., awning, solar screens, film)  | Click here to enter text. |
| [ ]  Heating/Cooling System Replacement/Repair  | Click here to enter text. |
| [ ]  Heating/Cooling duct insulation | Click here to enter text. |
| [ ]  Repair leaks in heating/cooling ducts | Click here to enter text. |
| [ ]  Installation or Replacement of Programmable Thermostat | Click here to enter text. |
| [ ]  Domestic Water Heater Replacement/Repair  | Click here to enter text. |
| [ ]  Lighting Fixtures Replacement/Repair  | Click here to enter text. |
| [ ]  Installation or Replacement of Carbon Monoxide and Smoke Alarms  | Click here to enter text. |
| [ ]  Exhaust Ventilation Replacement/Repair | Click here to enter text. |
| [ ]  Window(s) Replacement/Repair  | Click here to enter text. |
| [ ]  Door(s) Replacement/Repair  | Click here to enter text. |
| [ ]  Minor Electrical and Plumbing Repairs  | Click here to enter text. |
| [ ]  Other Type description here | Click here to enter text. |
| [ ]  Other Type description here | Click here to enter text. |
|  | [ ]  Other Type description here | Click here to enter text. |
| **#12 -** If removing, disposing, or mitigating energy related Health and Safety issues such as mold, lead, asbestos, radon or other materials specify location, activity and any modifications to the dwelling and/or its components. *Governing work practices (e.g., Environmental Protection Agency - Renovate Right Procedures) do not need to be detailed.*  | Click here to enter text. |
| **#13** – List all improvements completed (by current and past owners) to the dwelling and/or its components prior to WAP services (e.g., additions, change to original siding, replacement of original windows and doors): | Click here to enter text. |
| **#14** - Any additional comments: | Click here to enter text. |

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| **#15** - Photo(s) of the **exterior of the home** from all viewpoints (front, back, and sides). Place photos in cells below (to insert a photo, click on the icon within the photo box).  |
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| **#16** Photo(s) of the **interior of the home** in rooms where weatherization activities would occur.Place photos in cells below (to insert a photo, click on the icon within the photo box). |
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Thank you for providing this information and submitting it to your Project Officer of Record. If you have any questions or concerns, please contact your Project Officer of Record.